DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE C REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH CEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-DIRECTOR. OUR FILES. 72 HOURS ON STREET, VERNON 0. ANDERSON DEATH MATED 4 RACE DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE 74 HOUR MONTH YEAR LAST BIRTHDAY) PRONOUNCED 12 20,087 2 DEAD WHITE 9 30 MALE 57 TO BIRTHPLACE ISTATE OR Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! Anne Arundel County U.S.A. WIDOWED X DIVORCED IO CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE Unemployed OR INDUSTRY 7916 Central Avenue Pasadena USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 13c. CITY OR TOWN 13e STREET ADDRESS 136 COUNTY 13d. INSIDE CITY LIMITS? Maryland A.A. Pasadena 7916 Central Avenue 21122 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDOLE Floyd MIDDLE LAST Anderson UNAVAILABLE DIVISION OF 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO, OR UNKNOWN) LIF YES, GIVE WAR OR DATEST YES 213-26-0501 John Beard 4586 Ocean Pines 21811 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN 1TEM 18.

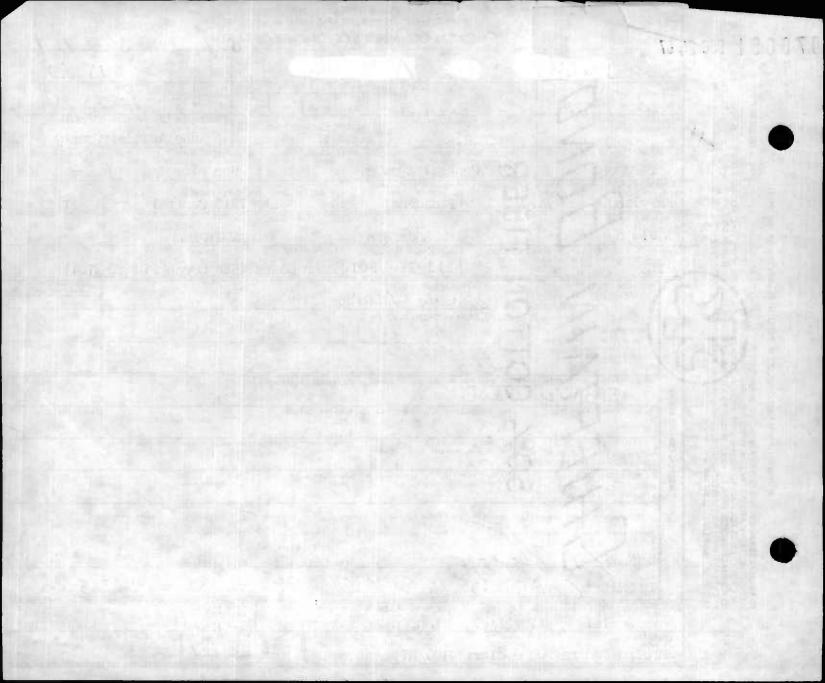
REGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALLONG W

TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PREMIT.

AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, D

BALTIMORE, MARYLAND, 21201 PROR TO BURIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY ALCOHOLISM IMMEDIATE CAUSE (0) CHINO NIL DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO P 71a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING LOR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME, 214 INJURY OCCURRED 21f LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.1 CITY OR TOWN COUNTY STATE 220. I certify that I took charge of the remains described above, held on Autopsy death resulted from: Accident Noturol couses Homicide Undetermined monner TITLE (SPECIFY) SIGNATURE TCHIG HUT SURL EXAMINER'S NAME (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY 12/23/87 Burial Loudon Park Cemetery Baltimore 07.84 BP Maryland 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE 21229 **DHMH - 17** Hubbard Funeral Home, Inc. 4107 Wilkens Ave. (VR A15 ME (5))

STATE OF MARYLAND



		STATE	OF MAKTLAND					
	DEPARTM	IENT OF H	EALTH AND MENTAL HYG	IENE		D 648	7 000	27%
		CERTIFI	CATE OF DEATH	B REG. I	NO.	3 3	5 /	8
,	MIDDLE	L	ASI ,	20. DATE OF DEATH	HIMOM	DAY YEAR	26 HOUR	,
	Joseph	A	inderson	December 1	6, 19	87	8 9	PM
4. RACE		5. DATE O		6 AGE (IN YEARS LAST B	BIRTHDAY)	# UNDER I YEA		
White	e . 🦃	Octob		85	YRS.		S HOURS	MIN,
76. CITIZEN OF	WHAT COUNTRY?	8 AAAAAA	NEVER MARRIED	9. BALTIMORE CITY	OR COUNT	TY OF DEATH		
U.S.A		WIDOWE		Anne Arun	ded1	County		MD.
			R OTHER INSTITUTION	170. USUAL OCCUPA	TION	+ 126 KIND	OF BUSINES	SOR
Meridia	n Nursing	Home		Cable Extr	uder			
	GIVE RESIDENCE BEFORE					west	Electr	-1C
Arundo 1	Clan Rus		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS				
Arundel	Glen Bur	ше	YES NO X		Blvd		21061	
WIDDLE	LAST		15. MOTHER'S MAIDEN NA FIRST	WEDDIE		,	LAST	
	Anderso	n	Agnes			Rutkows	ski	
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A	077.10.5	262A	Evelyn A. An	derson	Same	as #13	3	
nly one couse per D BY:	line for (a), (b), and	(c)		1	11	BETWEE	OXIMATE INTERV IN ONSET AND D	AI EATH
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198. CONDI	II ION FOR WHICH	OPERATION	A MAS PEKLOKWED	200 AUTOPST:		TIFYING CAUS		
				YES NO		YES 🗌	NO 🗌	
216 TIME O HOUR A.	FINJURY M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM 18	PART 1 OR PART 2	)	
P./	M.	19						
71e. PLACE			211 LOCATION	CITY OR I	IOWN	COUNTY	51/	ATE
(AT HOME, SIR	REET, FACTORY, OFFICE, FA	TRM, ETC )	1 10 -	• • • •	1 1	1/	-	
ital) Mended the	et deceased from	Mark	13 19 8	1 10 Leve	mb. 1	4.87	that (1) (Ve	e) last
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it) view the body	alter death.	Г	DEGREE			22r DA	TE SIGNED	_
Spa	rbeh	M	D. ATTENDING PHYSICIAN		AFF	12	-16-	-87
OR PRINT)	1 1		22e ADDRESS			1 0.	10	2-2-
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0.7.5540 PRESTON ST DIVISION OF VITAL RECORDS. of Heolth

BREGISTRAR

I. DECEASED NAME

Male

Maryland

Maryland

No

CERTIFICATION

14 FATHER'S NAME

To. BIRTHPLACE (STATE OR FOREIGN

10. CITY OR TOWN OF DEATH

Brooklyn Park

William

Victor

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION

60 WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY:

Conditions, if any, which gove rise to immediate couse (o), stating the underlying cause

210. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED

220.1 certify that (1) this hospital)

NOT WHILE

136 COUNTY

Anne Arundel

(IF YES, GIVE WAR OR DATES)

IMMEDIATE CAUSE (a)

OTHER SIGNIFICANT CONDITIONS CONTI

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)

(TYPE OR PRINTS

3. SEX

DHMH - 16 50M 4/83 (VRA 15, 4)

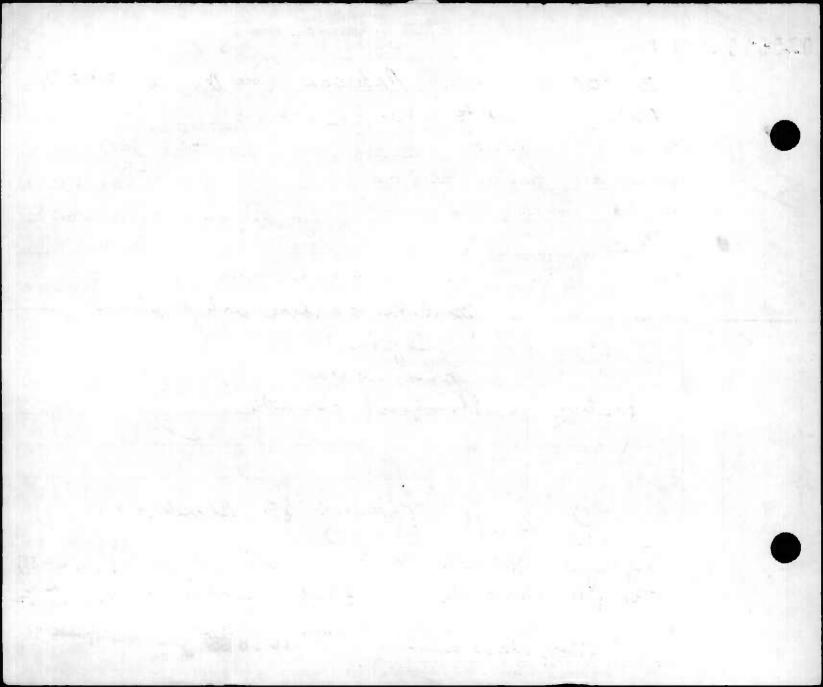
230 SURIAL CREMATION, REMOVAL Burial

23c NAME OF CEMETERY OR CREMATORY Dec. 19, 1987 Mount Olivet Cem.

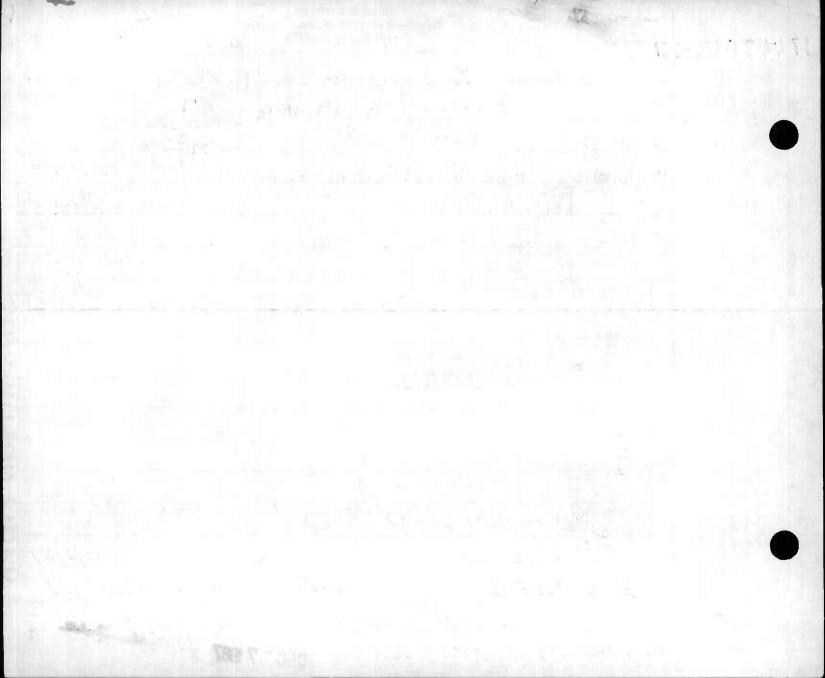
CITY OR TOWN Baltimore

24 FUNERAL DIRECTOR Singleton Funeral Home, Glen Burnie, Md.

sow the deceased alive an All the body after death



74	143	1 DEC -8	87	FOR STATE REGISTRAR CEASED NAME FIRST	DE	PARTMENT OF I	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	REG. N	IO. J 3	6 YEAR	7. 9 126 HOUR
14/	ge 4 moy be	ector, page 3	3. SE	ORPRINTI Willia	am B.	B. S. DATE O		12-01-5 6. AGE IN YEARS LAST BIR	RTHDAY) IF U	INDER I YEAR	10:53 PA
101	is often death. Pog	by the funeral dire	10.c A	RTHPLACE (STATE OR FOREIGN COUNTRY)  IISSOURI  TY OR TOWN OF DEATH	Anne Arun	MARRIE WIDOWI NURSING HOME ( restrees address)	D NEVER MARRIED	9. BALTIMORE CITY C Anne Ar 120 USUAL OCCUPAT COM AR ED	undel (	Coun:	ty MC DF BUSINESS OR GOV't
ORE, MARYLAND 21201	xecuted within 24 hou	nd completely filled in ges. Tend 2 should be in dical eleminer must be	14 F/	VAS DECEASED EVER IN U.S. A	A. Co. Anna  MIDOLE  Banta  RMED FORCES? 166 SOCIA  INTERNATION DATES)	Apolis AST A  AST A  CLISECURITY NO.	IS. MOTHER'S MAIDEN NA. FIRST  Anna  17. INFORMANT	MIDDLE L.	Kne	eis18	
S, 201 W. PRESTON ST., BALTIMORE,	uines that the death certificate be	igned by the attending physicion o an please remove corbol papers. Po burial, cremation, or removal.	Z	RO PART I. DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA  Conditions, if ony, which gave rise to immediate couse lo), stoting the underlying cause lost.  PART 2 OTHER SIGNIFICANT	only one cause per line for (a), (b) DUE TO, OR AS A CON (c) DUE TO, OR AS A CON (c) DUE TO, OR AS A CON (c)	NGEST) NSEQUENCE OF	VE HEART	FAILU		APPROX BETWEEN:	WHATE INTERVAL ONSET AND DEATH DAYS
DIVISION OF VITAL RECORDS,	SKIAN. The low-red	certificate has been unal-treams permit Themson Hygiene prioriti	MEDICAL CERTIFICATION	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING ] CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINI	P.M.		21c. HOW INJURY OCCUR	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJU	20b. IF YES, W. IN CERTIFYIN YES	IG CAUSES	NGS USED 6 OF DEATH? NO
DIVISIO	ITAL OR ATTENDING PHY by the hospital or attend	EAL DIRECTOR After this detached for use as the to train Dept. of Health and A NT. If New 21 is marked or	MED	226. SIGNATURE	of Wiew the body ofter death	from 11 19 8 7 . o	211 LOCATION STREET  30 19  nd that in (my) (bur) opinion  DEGREE  ATTENDING PHYSICIAN	MEDICAL STA	dote and hour on		
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8 197		EN BURN			H ARUND				Exe	c. Sec	•	CE	3S Re	ecords
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America de la composición della composición dell		ER'S NAME FIRST		WIDDIE	£A.	ST-	15. M	OTHER'S MAIDEN I	NAME	MIDDLE			LAST	\
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To de of the de of the		Conditions, if any, which gove rise to immediate												
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Prior In	NO 190	198 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED						20a AUTOPSY? 20b. IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DE					GS USED	
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S 1 1 1 2 5	G 21	INJURY OCC		21e. PLAC	STREET, FACTORY, O	OFFICE, FARM,		STREET		CITY OR I	OWN	COU	YINE	STATE
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AND SERVE	22	d. PHYSICIAN'S	S NAME (TYPE	OR PRINT)	50-0		22e	ADDRESS	MOINEC	IOK PHIS	CIAN	Ve	7	110
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(VRA 15, 4)	600	Q Harfe	AND DY	Dale:	imoro	MD O	1214		1029	1901	1			

ROBERT C. ALTENBURG FUNERAL HOME, INC. 6009 Harford Rd., Baltimore, MD 21214

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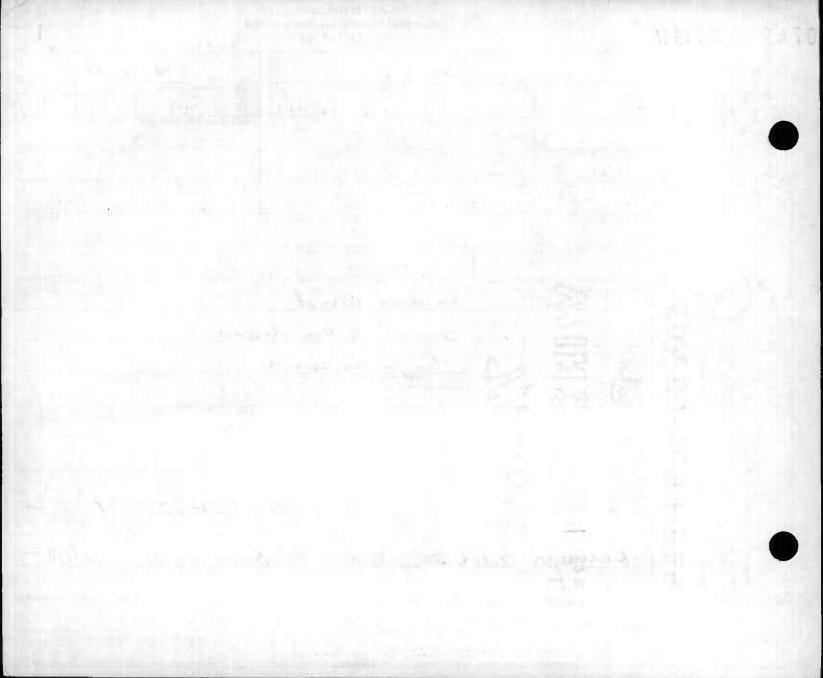
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DATE OF DEATH	HINOM	DAY	ST7	2b HC	UR

8	FOR STATE REGISTRAR			HEALTH AND MENTAL HYGI FICATE OF DEATH	IENE 3 / REG. N	. 3 3	5	8 [
	DECEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
1	YPE OR PRINT)  DELOR	S GWENDOL	VN BAR	GAGNI		126	87	AA.
3. 5	SEX	4 RACE		OF BIRTH	6 AGE (IN YEARS LAST BIR		DER I YEAR	IF UNDER 24 HRS
	I	WHITE	MONI		70	MONTH	DAYS	HOURS MIN.
70.	BIRTHPLACE   STATE OR FOREIGN	76 CITIZEN OF WHAT CO	DUNTRY? II.		9. BALTIMORE CITY C	TRS	EATH	
	Ohio		MARRI	ED NEVER MARRIED				
10	CITY OR TOWN OF DEATH	USA	NURSING HOME		Anne A:		KIND OF	BUSINESS OR
1		(IF NOT IN SUCH FACILITY, O	GIVE STREET ADDRESS)		(TYPE OF WORK FOR MOST O	OF WORKING LIFE) IN	DUSTRY	003114E33 OK
1	HUMAPOIS	Anne Arun		eral Hospita	1 Housew	ite		
130	B. STATE 13b. COL		OR TOWN		13e. STREET ADDRESS			
_	laryland A.	Arundel R	iva	YES NO K	425 Porpe	oise La	ne	21140
14.	FATHER'S NAME FIRST	MIDDLE	LAST	15. MOTHER'S MAIDEN NAM	AE MIDDLE		LAST	
	Charles I	Lee Dun		Lois	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Lay	
160	WAS DECEASED EVER IN U.S. A		IAL SECURITY NO.	17 INFORMANT	ADDR	ESS		
	(YES, NO OR UNKNOWN) (# YES, G	IVE WAR OR DATES)	566586	Charles H.	Bargagni	same	as #	13
	18 CAUSE OF DEATH (Enter of			TOTAL TOD II.	Dargagni	Danie		NATE INTERVAL
	PART I. DEATH WAS CAUS	ED BY:	ulter	Arrest.			BET WEEN OF	NSET AND DEATH
	IMMEDIA	ATE CAUSE (a)		Portugal				
		DUE TO, OR AS A CO		ca lear cois	seure			
ь	Canditians, if any, which gave rise to immediate	(b) CO	rowary	certify or.	jeare			
1	cause (a), stating the underlying cause last.	DUE TO, OR AS A CO		0 71				
	blochyling coose lost.	( (c)	traguer	experience				
,		CONDITIONS CONTRIBUT	ING TO DEATH BU	T NOT RELATED TO THE TERMI	INAL DISEASE OR CON	DITION GIVEN IN	PART 10	
CERTIFICATION	10 ucus							
1	198 DATE OF OPERATION	196. CONDITION FOI	R WHICH OPERATIO	ON WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WER	CALISES C	GS USED
E					YES NO	YES [	CV02F2 C	NO [
1 8	218. ACCIDENT WAS UNDERLYING		UTIL DAY VEAD	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 O	R PART 2)	
4	OR CONTRIBUTING CAUSE OF D		NIH DAT TEAK					
MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJUR		211. LOCATION				
¥	MALIE NOI MHILE	( AT HOME, STREET, FACTOR	Y, OFFICE, FARM, ETC.)	STREET	CITY OR TO	)WN C	YIMUO	STATE
	AT WORK AT WORK	ata da ana adadah atau da ara	16	19 80	12	15	7	
	22a.1 certify that (1) (this has saw the deceased alive a	1//70	- And	and that in (my) (cor) opinion d	leath accurred to the			hat (I) (ve) last
	above, (1) (w <del>a) (did)</del> (did r	iat) view the bady after dea						
	22b. SIGNATURE	12.4		DEGREE ATTENDING	MEDICAL STA		2c. DATE S	IGNED -
	poduly 1	1 mule	ree n	1 10 PHYSICIAN	DIRECTOR PHYSIC		121	6/87
	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS		-		
230	BURIAL, CREMATION, REMOVA	L 23b. DATE	23c NAME OF	CEMETERY OR CREMATORY	23d. LOCATION			
	Entombment	12-10-87	Lakem	ont Memorial	L Davidso	nvilleo™	A.A.	Ma.
24	FUNERAL DIRECTOR	12 20 07			E HEC.D' BALECISION	4	SIGNATO	RESTANDA
Ψ.	NAME TO THE	and Home 7	ASSESSA POT :	C Md UL	-0 14 1901	U		

Hardesty Funeral Home, Ammapolis, Md.

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.



DATE OF BIRTH MONTH

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	8 / REG. NO.	.3	Ó	5	4
	20 DATE OF DEATH MONTH	5/	YEAR 87	26 HOL	R
Ī	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER	24 HRS
	89 YRS.	MONTHS	DAY\$	HOURS 1	MIN

To BIRTHPLACE ISTATE OF FOREIGN PENNSYLVANIA

60 WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I, DEATH WAS CAUSED BY

aucasian 76 CITIZEN OF WHAT COUNTRY? U.S.A.

MIDDLE

Jan 1 MARRIED NEVER MARRIED WIDOWED X X DIVORCED

OAY

YEAR

1898

ANNE ARUNDEL COUNTY 12b. KIND OF BUSINESS OR 12a. USUAL OCCUPATION (MARAHAN DENTROR MOST OF WORK MALIFE) INTO STAR INK

9 BALTIMORE CITY OR COUNTY OF DEATH

10 CITY OR TOWN OF DEATH ANNAPOLIS

BAY MANOR SNURSING HOME USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

13d INSIDE CITY LIMITS? NO [ 15 MOTHER'S MAIDEN NAME

13e STREET ADDRESS 1162 SUMMIT AVE. 21401

14 FATHER'S NAME FRANK

NO OR UNKNOWN)

FOR

7 STATE REGISTRAR

1. DECEASED NAME

(TYPE OR PRINT)

3. SEX

A DDLE

(IF YES, GIVE WAR OR DATES)

18 CAUSE OF DEATH (Enter only one cause per lungfor (a), (b), and (

4 RACE

BAROTH

195-01-6044

ELIZ MBETH 166 SOCIAL SECURITY NO 17. INFORMANT

BAROTH **ADDRESS** LULA LEE ENGLAND BOX 28 SWEET

IMMEDIATE CAUSE 10 Conditions, if any, which

OR AS A CONSEQUENCE OF URTASTATIC

MLMONAR CARCINOMA OF GUN

gave rise to immediate couse (a), stating the underlying cause lost

190 DATE OF OPERATION

DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO

210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. TIME OF INJURY

196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20g. AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES T NO F 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

CITY OR TOWN

21d. INJURY OCCURRED

HOUR A.M. MONTH DAY YEAR 21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

211 LOCATION

NOT WHILE WHILE T WORK AT WORK 220.1 certify that (1) (this hospital) attended the deceased from.

COUNTY

abave, (1) (weithord) (did not) view the bady after death.

DEGREE

MEDICAL STAFF ATTENDING PHYSICIAN DIRECTOR PHYSICIAN

and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated

22c. DATE SIGNED 11.25.87

STATE

APPROXIMATE HOTERVAL BETWEEN ONSET AND DEATH

saw the deceased alive an.

14 WELLHAY AVE GLENBURNIE. MD 2106

23a. BURIAL, CREMATION, REMOVAL TEMATION

23b. DATE 11-25-87

1236 NAME OF CEMETERY OR CREMATORY METROPOLITAN CREMATORY ATTORY ANDRIA GOVERNALREAN ANDRIA GOVERNAL GOV

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

24 FUNERAL DIRECTOR ROBERT E. EVANS 1212 WEST

ST. ANNAPOLI

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Dandyn. B

Codas Permissas y Secretary MELANDER CARELLANIA SEGULA HALLS S. T. MICH. CON DECEMBER 1889 AND THE PERSON OF THE PERSON O STEW ROUSE OF THE STORY CV. CYRIAE. W. Z. DEC 15 887 / L / Land

		1.	FOR STATE REGISTRAR			DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL H ICATE OF DEATH	YGIENE	7 REG. NO	3	3 6	Sec.	STS
75	598 DEC 2	CH.	PEASED NAME	FIRST		MIDDLE	l	AST	20. DAT	E OF DEATH	HTHOM	DAY YEA	R 26 H	OUR
			FRANCIS	3	L	1	BARRET	T	DE	CEMBER	16.	1987	430	PM M
	tor. pog offer de	3. SE	X		4. RACE		5. DATE C		6 AGE	IN YEARS LAST BIRTH	HDAY)	OF UNDER I Y	EAR IF UNI	DER 24 HRS
	ge 4		fale		Cauca	sion		ch 25,192	6 6	1	YRS.	MOINTS D	TO THOUSE	S MIN.
	orth. Po		IRTHPLACE ISTATE OR FO COUNTRY)	DREIGN		WHAT COUNTRYS	MARRIE WIDOWE	NEVER MARRIED		BALTIMORE CITY OR COUNTY OF DEATH  ANNE ARUNDEL COUNTY				
102	the further described to the formal described to the f	G	ITY OR TOWN OF DEAT		NORTH A	ARUNDEL F	ADDRESS)	OR OTHER INSTITUTION	120 USU	JAL OCCUPATION WORK FOR MOST OF ESMAN	N	12b. KIN	D OF BUS	ware
., BAITIMORE, MARYLAND 2120	Hilled in 24 hou	13e. 1 Ma	ryland	A.A	ITY	GIVE RESIDENCE BEFORE TOVE GLEN B	e admission) VN Urnie	The state of the s		9 Monr	oe (	Circl	e 21	061
MARYI	1 1000	14. F/	Samuel Samuel	М.	MIDDLE	Barre	tt	15. MOTHER'S MAIDEN I			Trac	сеу	LAST	
IMORE	Foges I	16a. \	WAS DECEASED EVER I		MED FORCES? E WAR OR DATES!	219-16		Margare	t J.	Barret		Same	as a	bove
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BA	es that the death centural ned by the attending phy please remove carbon par urial, cremation, or remove r, or other traumatic event		Conditions, if ony, gave rise to imme cause [0], stoting underlying cause	which ediote the lost.	D BY: E CAUSE (o)  DUE TO, O  (b)  DUE TO, O  (c)  (c)	ACONSEQUER AS A CONSEQUER	ENCE OF	Son Cana		FASE OR COND	DITION G	1	ROXIMATE IN EEN ONSET A	
RECORDS,	low require	CERTIFICATION	1	en	il ta	ilure		N WAS PERFORMED		AUTOPSY?	206. IF YE	S, WERE FIN	DINGS U	
I OF VITAL	PHYSICIAN: The landing physicion. this certificate hose buriol-transit pe ad Mental Hygiene don tem 28 shawl		210 ACCIDENT WAS UNDER OR CONTRIBUTING CA	AUSE OF DEA	TH HOUR A.	OF INJURY M. MONTH D M.	AY YEAR	21c. HOW INJURY OCC	YES L			PART LOR PART		
DIVISION	or offending Affer this ce os the bur offh and Me morked or I	MEDICAL	21d INJURY OCCURRE	(E D		REET, FACTORY, OFFICE,	FARM, ETC )	211 LOCATION STREET	7	CITY OR TOW	16	COUNTY		STATE
•	AL OR ATTEN the hospitol at DIRECTOR. eroched for us ree Dept. of He T. If them 21 is		22a.1 certify that (1) ( saw the deceased obove, (1) (we) (di 22b. SIGNATURE	d olive on	12-	16 19	1	nd that in (my) (our) opini DEGREE ATTENDING PHYSICIAN	1	CAL STAFI				s stoted
	SPIT.	1	224 PHYSICIAN'S NA	ME (TYPE O	R PRINT	-	-	22ª ADDRESS		ITAL DR		SULTE	230	

BP\_ DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR RUBERT S. BARRANCO

SEVERNA PARK, MD. 21146

120 BURNIE 230 NAME OF CEMETERY OR CREMATORY STUTION TO STUTION TO

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE CONTROL OF THE PROPERTY OF THE PROPERTY

GlenowBurnie, could'. A. MD'ATE

THE TAIL AND ARRESTS AND ADDRESS OF THE PARTY OF THE PART

CLEW BORRER | NORTH ARWELL NOSVITBEL

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TOU HOSPINAL BRIVE, STITE 250

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DHMH - 16 50M 1/B1 (VRA 15, 4)

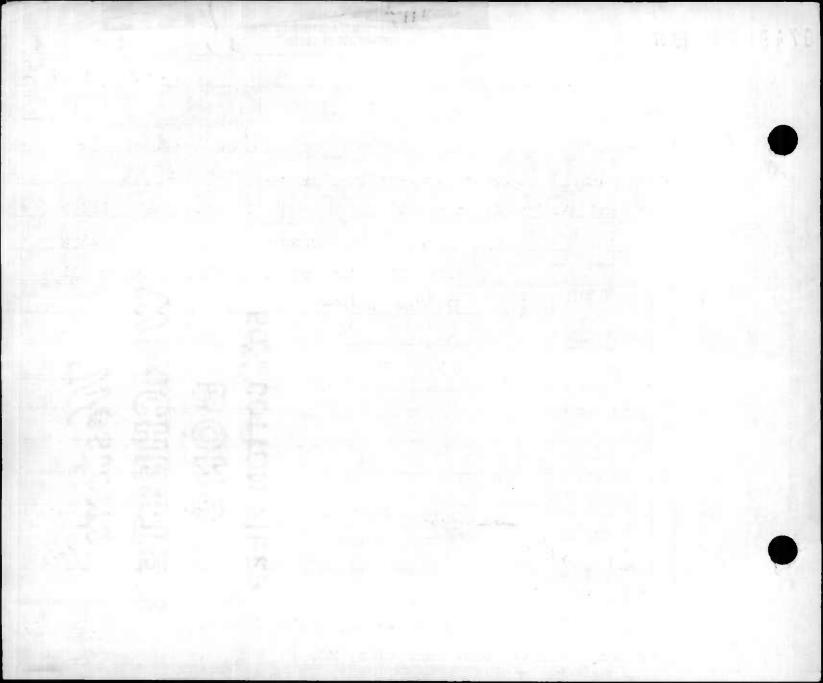
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074960 DEC

STATE OF MARYLAND		
PARTMENT OF HEALTH AND MENTAL	HYGIENE	
CERTIFICATE OF DEATH		E
1467		

15	67	FOR STATE REGISTRAR			DEPART		EALTH AND MEN		ENE B / REG. N	o. 3	3 6	8 4	4
1		CEASED NAME	FIRST	MI	DDIE	ı	AST		20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUS	35
-1			FRANCI	ES FI	SHER	BAR	TLETT			12-9	-87	8	AM
Ì	3. SE)			. RACE	Dittalk	5. DATE C	OF BIRTH		6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR	IF UNDER 2	24 HPS
-1	F	_		Whit	e	woki	' fò :	2 3	64	YRS	MONTHS DATS	HOURS	MIN
100		RTHPLACE   STATE OR	FOREIGN 7	b. CITIZEN OF W	HAT COUNTRY?	8.	\$71 . ususa a	252	ALTIMORE CITY		OF DEATH		
		Marylan	nd	USA		WIDOWE	D NEVER MAR		- NNE AR	NIDE	1 0		MD.
	10 CI	TY OR TOWN OF DEA				IG HOME C	OR OTHER INSTITU		12a USUAL OCCUPAT	ION	126. KIND O	F BUSINES	
		INApolis		ANNE A	FACILITY, GIVE STREET	GIEN	EVAL HOEP	ITAL	Housewif	e working Lif	E) INDUSTRY		
5	13a S	AL RESIDENCE (# NURS TATE aryland	136 COUNT		Annapo	N	134. INSIDE CITY	LIMITS?	3 Essex	Road	2140	01	
7	14 FA	THER'S NAME		IDDLE			15. MOTHER'S MA			LUCY .			
/1		Edmund	M	IDDLE	Fishe	r	Fra	nces	MIDDLE		Ric		
		AS DECEASED EVER			6b. SOCIAL SECU		17 INFORMANT		ADDRI	ESS	212	33	
/	(1	res, no or unknown)	(IF YES, GIVE	WAR OR DATES)	2122090	51	Richar	d C.	Bartlett	same		13	
	PART I. DEATH (Enter only one couse per line for (a), (b), and (c).)  IMMEDIATE CAUSE (a)  DIOUTE TO, OR AS A CONSEQUENCE OF												DEATH
1		Conditions, if any,		DUE TO, OR	AS A CONSEQUE		nfuta	- 11					
		gove rise to im- couse (o), statin underlying couse	ng the lost.	( Ic)	ASA CONSEQUE	2							
	NO	PART 2. OTHER SIGN	NIFICANT CO	ONDITIONS <u>CO</u>	NTRIBUTING TO I	DEATH BUT	NOT RELATED TO	THE TERMI	nal disease or con	DITION GIV	EN IN PART 110		
7	CERTIFICATION	19a. DATE OF OPERA	TION	19b. CONDIT					YES NO	206. IF YES IN CERTIF YE	S, WERE FINDIN YING CAUSES S	OF DEATH	H?
7	-	210. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER NOTIFY MEDI-	CAUSE OF DEAT	HOUR A.M	. MONTH DA	AY YEAR	21c HOW INJUR	Y OCCURRE	ED (ENTER NATURE OF INJU	RY IN ITEM 18. P	ART I OR PART 2]		
	MEDICAL	21d. INJURY OCCUR!	HILE 🗀	2 IR. PLACE O (AT HOME STREE	F INJURY ET, FACTORY, OFFICE, F	ARM, ETC )	211 LOCATION STREET	- 6	CITY OR TO	)WN	COUNTY	ST	TATE
		22a.1 certify that (I) sow the decease	ed olive on_	12/4/57	-11/30/870	198	,	9 r) opinion d	to 174/8/	ote and hou		that ()(w	
		obove ((i) we) ((ii) (did not) view the body ofter death.  27b. SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D									220. DATE	SIGNED 9/8	2
		SP WAT	AME (TYPE OR	PRINT)			22n. ADDRESS						
		URIAL, CREMATION,		23b. DATE	23c 1	NAME OF C	EMETERY OR CREA	MATORY	23d LOCATION				
	1	Buria	al	12/11/	/87 Ar	ling	ton Nat	ional	Arlingt	on Ar	clinate		a.
		INERAL DIRECTOR							REC'D. BY REGISTRAR				-
	Ha	ardesty B	uner	al Home	Anna	poli	s, Md.	III E I	4 4007	Vi K	roidson Par	dass	

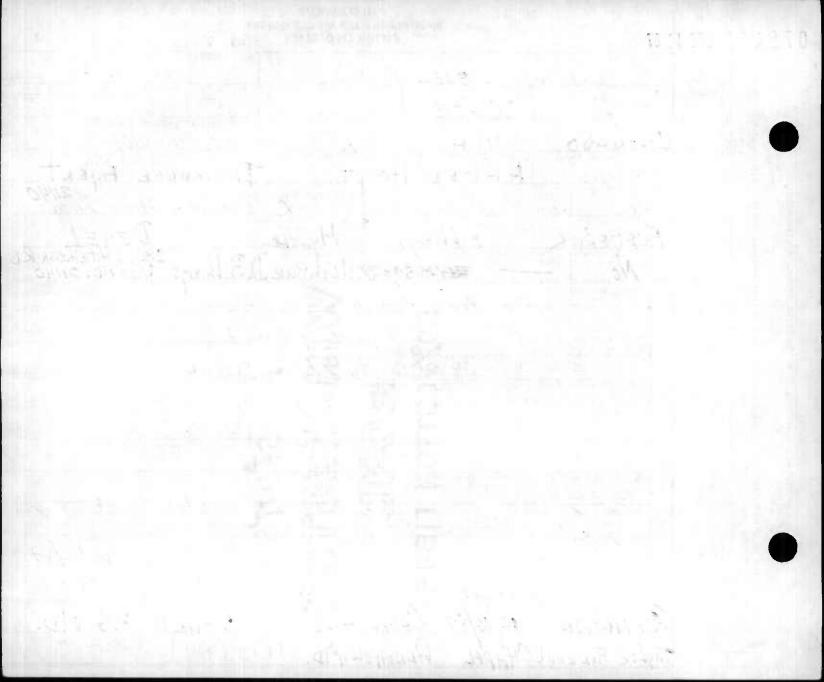
lie Troison Pendala



(VRA 15, 4)

STATE OF MARYLAND

				STAT	OF MARYLAND			
075485 DEC 1		FOR 7STATE REGISTRAR		CERTIF	EALTH AND MENTAL HY ICATE OF DEATH	8 / REG. N		5 8 6
poge 3		CRASED NAME FIRST OR PRINT) William	MIDDLE DE UE	L Bil	lings	6. AGE (IN YEARS LAST BIR		ST 26. HOUR MER I VEAR IF UNDER 24 MRS
oge 4 m irrctor, j		Male	WHITE	MONTH 3		85	YRS.	DAYS HOURS MIN.
of of the state of	10	RTHPLACE (STATE OR FOREIGN ON INTRY)	USA	WIDOWE		I Anne H	rundel	MD.
10 A	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL,	NURSING HOME (	OR OTHER INSTITUTION	170. USUAL OCCUPAT	OF WORKING LIFE) IND	USTRY CENTRESS OR
24 YOUR 25	13a S	AL RESIDENCE (IF NURSING HOME OF THE TABLE OUT	NTY 13c SITY	OR TOWN	13d. INSIDE CITY LIMITS? YES NO	130. STREET ADDRESS 2805 White		Road 1
MARYL Market	)F	THER'S NAME REDERICK	MIDDLE BILL	ilugs	15. MOTHER'S MAIDEN N	MIDDLE	DEU	ELAST
TIMORE, Page 1 P		VAS DECTASED EVER IN U.S. AF TES, NOORUUNKNOWN) (IF YES, GI	RMED FORCES? VE WAR OR DATES	ALST URITY NO.	12 WILBUR	D. Billians	RIVA	HITEHOUSE RD
ST. BAL		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA	nly one couse per line for to ED BY: TE CAUSE (o) <b>Brace</b>	1, (b), and ici.)  Anoxi	a			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ESTON :		Canditions, if any, which	DUE TO, OR AS A CO	NSEQUENCE OF	uztory a	ucat		
1 W. PR. har the - by the - observement contact to	Н	gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CO	INSEQUENCE OF	Prostate C	venona		
RDS, 20 requires 1 Then ple The burn injury, a	NO	PART 2. OTHER SIGNIFICANT	conditions contributed ices nech	PAICTION	for language	RMINAL DISEASE OR CON	DITION GIVEN IN	PART Iro
AL RECO	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR	WHICH OPERATIO		200 AUTOPSY?  YES NO	20b. IF YES, WERE IN CERTIFYING O	E FINDINGS USED CAUSES OF DEATH? NO [
N OF VITAL SICIAN: The ming physicion of certificate h unial-tronsit promise frem 18 shaws	-	21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MON	TH DAY YEAR	21c HOW INJURY OCCU	JRRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART LOR	PART 2)
VISION ord M wed or	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTOR	r	211. LOCATION STREET	CITY OR TO	)WN (0	DUNTY STATE
TTENDI pital or TOR: A for use of Heal		220.1 certify that (1) (this hasp saw the deceased alive ar above, (1) (w) (dis) (did no			nd/that in (1998) (aur) opinio	to 12/1	ote and hour and f	from the causes stated
the hos AL DIRECT PROCES OF THE HOS		27b. SIGNATURAL SIGNATURA SI SIGNATURA SIGNATURA SIGNATURA SIGNATURA SIGNATURA SIGNATURA SIG	ne		ATTENDING PHYSICIAN	MEDICAL STA		21. DATE SIGNED 12/12/87
O HOSPITAL Internet by the Control of Contro		ANDREW 6	SORDON		16 MUSS	, Are ANNI	apois, 1	nd 21403
BP	176	EMATION	18/16/87	CEDAR	EMETERY OR CREMATORY	230 LOCATION CITY OF JOWN	ID P.	A MD STATE
DHMH - 16 50M 1/81 (VRA 15, 4)	74 F	INERAL DIRECTOR LOP FUNEAUL	CHAPEL	AUWARO	43/1D 250.0	ATEREC'D. BY REGISTRAF EC 1 7 1987	256 RECHSTRAR'S	SIGNATURE LOAD



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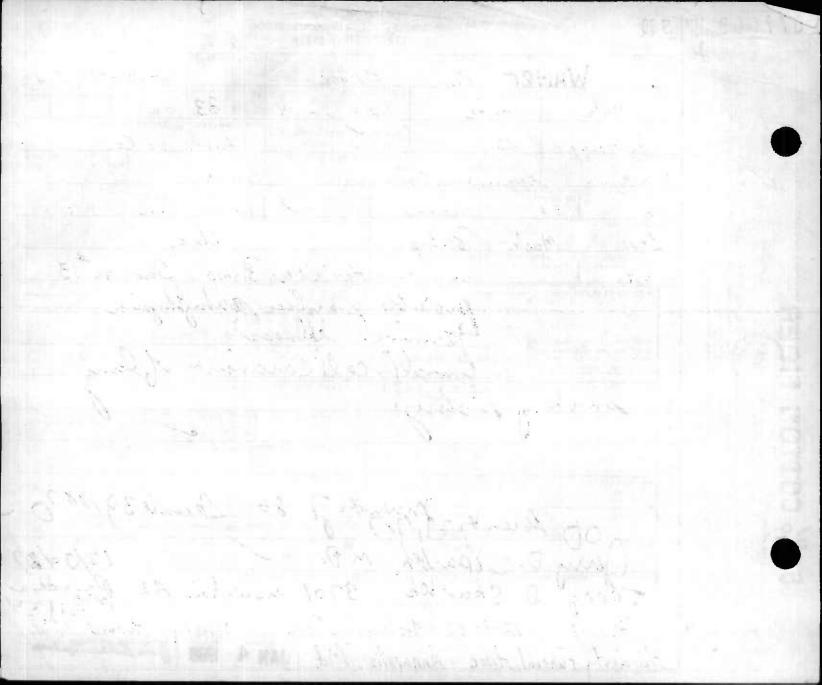
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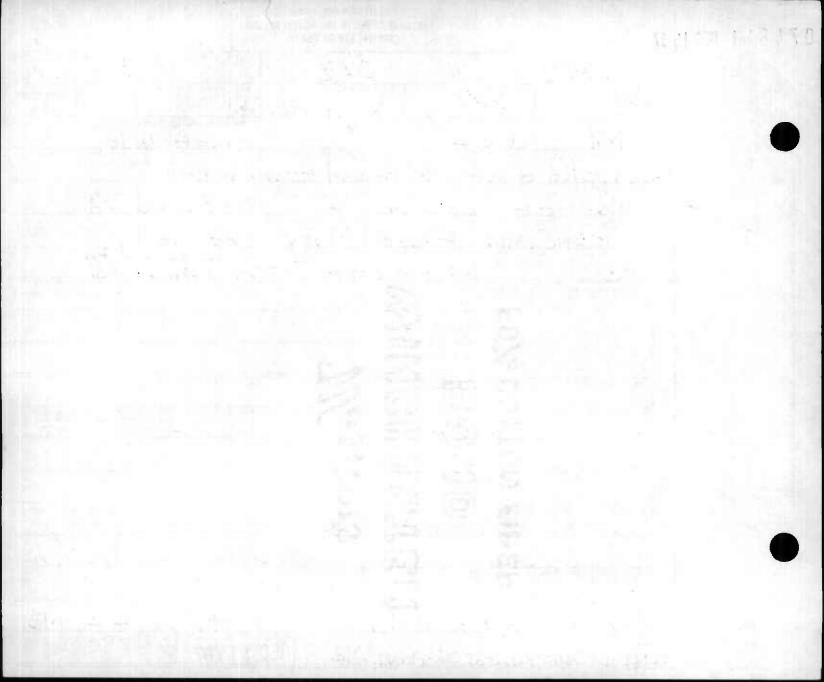
### STATE OF MARYLAND

ARTMENT OF HEALTH AND MENTAL HYGI CERTIFICATE OF DEATH	ENE 8	REG. NO	3	3	ó	8
LAST	2a DATE C	OF DEATH	MONTH	DAY	YEAR	7b. HOU

d	000	0.0			STATE UF M	AKILAND					
ı	-5	TOR .		DEPART	DEPARTMENT OF HEALTH AND MENTAL HYGIENE						
J	18-	STATE			CERTIFICATE		w /		5 0	0 /	
ı		REGISTRAR			CERTIFICATE	OI DEATH	REG	NO "			
1		EASED NAME	FIRST	MIDDLE	LAST		20 DATE OF DEATH	MONTH DA	Y YEAR	2b HOUR	
ı	(TYPE	OR PRINT)	INILA	m	2.			19 2	07		
ı		N	alter	/1/	UNI	408		12-30	0 - 87	5 A.M	
ı	3. SEX		4. RACE		5. DATE OF BIRTH	+	6 AGE (IN YEARS LAST	BIRTHDAY) IF	UNDER I YEAR	IF UNDER 24 MRS	
ı		m-1		.1.1.	MONTH	DAY YEAR	22	MO	INTHS DAYS	HOURS MIN,	
ı	-	Male		Uhite	12 -	16-04	03	YRS			
4		RTHPLACE ISTATE OR FO	REIGN 76 CITIZ	ZEN OF WHAT COUNTRY	? 8		9 BALTIMORE CIT	Y OR COUNTY O	FDEATH		
98	C	OUNTRY)	1	10		VEVER MARRIED	1 1	,	2		
		KENTUCKY		1,5.	WIDOWED	DIVORCED [	ANNE H		0.	MD.	
ı	10 CI	TY OR TOWN OF DEAT		ME OF HOSPITAL, NURS		ER INSTITUTION	120 USUAL OCCUP			F BUSINESS OR	
ı	1		(IF N	NOT IN SUCH FACILITY, GIVE STREET	ET ADDRESS]		TYPE OF WORK FOR MO		INDUSTRY		
J		EN BURNIE			ONV CENTER		COAL MINE	SR			
7	USUA 130 S	L RESIDENCE TIF NURSIN	G HOME OR OTHER IN	STITUTION GIVE RESIDENCE BEFO					2		
			36 COUNTY	13c. CITY OR TO		ISIDE CITY LIMITS?	13e.STREET ADDRES	-	115	) ~ )	
	//	n.	R.A.	CROWNSVI	LLE YES	□ NO 📝	817 BIRC	4 TRIAL	0	man at hour	
	14. FA	THER'S NAME		0 1	15. MC	OTHER'S MAIDEN NAM	AE , I	1			
1		FIRST	MMIDDLE	D. IASI/		FRST	MyDi	1-	(AST	1	
ď	4	CVi	Mack	15/10	P		Un	K			
1		AS DECEASED EVER IN			URITY NO. 17 INI	FORMANT	AD AD	DRESS	#	2:	
1	14	A/	(IF YES, GIVE WAR OR		220 11	10110000	"Keal a	()		リス	
ł		//0		236-07.	3250 Ma	YOUX DRAIN	215400	Jame			
1		18 CAUSE OF DEATH	(Enter only one co	ouse per line for (a), (b)	and ic/	114	11	11	METWEEN C	MATE PATERVAL PRICE AND DEATH	
-1		PART I. DEATH WA		n. Ne	while ,	- 1/100	Much	There	W.W.		
1		1.	MMEDIATE CAUS	E (0)	7	a current	100 vero	A me	-		
1			DU	E TO, OR AS CONSEO	UENCE OF	-10	) 0	0			
ı		Conditions, if ony,		30000	nun	Meres	2		100		
١		gove rise to imme		(p)	1	0	-	,			
ı		couse tol, stoling		JE TO, OR AS A CONSEQU	UE NOE SE	111.		11	7		
1		underlying couse	lost.	. Garage	VIICO	VV Care	cinema	- 01 4	the		
			,	(c)(c)	W. CC	14 0000	0-1-6		1		
	-	PART 2 OTHER SIGNI	FICANT CONDITI	IONS CONTRIBUTING TO	DEATH BUT NOT R	ELATED TO THE TERMI	INAL DISEASE OR CO	ONDITION GIVEN	V IN PART		
	6	some	Som	history					1		
Н	E	190 DATE OF OPERATI	ON Joh	CONDITION FOR WHIC	HOPPATION WAS	PERFORMED	20e AUTOPSYS	Table IE YES	WERELINDIN	IGS HSED	
	0	THE DAIL OF GILKATI	A	CONDITION TOR WITH	PIERAHOIT WAS	TERTORMED		LERTIFY	WERE HINDIN	OF DEATH?	
Į,	E		V				YES NO	YES		NO 🗍	
	CERTIFICATION	21g. ACCIDENT WAS UNDE	RLYING 7 21b	TIME OF INJURY	21c. H	IOW INJURY OCCURR	ED (ENTERNATURE OF	INJURY IN ITEM IR PAR	T L OR PART 21		
		OR CONTRIBUTING CA		OUR A.M. MONTH	DAY YEAR		(2.112111111111111111111111111111111111				
	A	LIF EITHER NOTIFY MEDICA		P.M.	19						
J	MEDICAL	21d. INJURY OCCURRE	D 21e	PLACE OF INJURY	21f Le	OCATION					
П	WE	WHILE NOT WHILE	TA}	HOME STREET, FACTORY, OFFICE	E, FARM, ETC.)	STREET	CITY O	RIOWN	COUNTY	STATE	
1		AT WORK AT WORK	, U	2	1/10	7 01		100	17/19	81-	
		22a.1 certify that (1) (	this hospital atte	ended the deceased fulm	none	19 0	10 /	centr 6	) 1/	that (II we) ast	
		sow the decopy	live of a	em 4 2 90	198, and that	in (A) (nur) on mon d	death occurred on th	a data and hour	,		
		obove (I) we this	d) did hot) view t	he body after death.	10.90 11101	iii (a) (our opinion o	beom occorred on in	e dote ond nour c	shayrrom the c	couses stored	
		226. SIGNATURE			DEGRE	E			17c DATE S	SJONED	
		1 11.	1	Yha li	el M.	ATTENDING _		TAFF _	121	12-100	
		- Jan	as U-	1 ran			DIRECTOR PHY	SICIAN	1 4	096/	
1		224 PHYSTCHIN'S NA	ME ITYPE OR PRINT)	1 1	/ 22e A	ADDRESS	1	1. 1	N	1	
		Than .	0	Charle 10	6 2	DAY 1	41.64	RE	Ma.	Inden	
		7511	· We	O Mars	0	100 M	oun		MI	- /	
	23a B	URIAL, CREMATION,	MOVAL 236 E	DATE 230	NAME OF CEMETE	RY OR CREMATORY	236 LOCATION	,	1 :	11.50	
	t	SPECIFY	/ 1.	2 2107 1	N 1 . 1	0	OR TOWN	·	COUNTY 9	MANY	
		Bursal	10	1-51-51 /	leadowride	e Lem.	Dors		ward	Ma.	
	24 FU	INERAL DIRECTOR		. 1 1	, )	250. DATE	E REC'D. BY REGISTR	AR ISB REGISTRA	AR'S SIGNAT	URE	
	1	NAME	/	ADD ESS		MILLAN	1 4 1000	dia s	Cardery.	Lindon	
	/	ICITIANS IL	I N F Jose !	FIDING SINI	06.00115 /	107 1541	V A IUUU	0			



						STATE OF MARYLAND		
71.01	1 05/		1.	FOR STATE	DEPA	RTMENT OF HEALTH AND MENTAL I	HYGIENE	
1404	DEC	, 14	87	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	5 5 5 5 5
eq	deoth			CEASED NAME AND FIRST	MIODIE	BLAKE	20. DATE OF DEATH	2/05/87 26. HOUR 130 P M
ge 4 may	ector, po		3 SEX	YALE	BACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BUTHEN	MONTHS DAYS HOURS MIN.
deoth. Poge	n 72 hou	5		OUNTRY)	D. CITIZEN OF WHAT COUNTS	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR CO	COUNTY OF DEATH
offe.	by the fulled with	4000	10. CI	NNADO 15	1. NAME OF HOSPITAL, NUR HENOT IN SUCH FACILITY, GIVE BTI	ISING HOME OR OTHER INSTITUTION REET LODGES!  ZENEYA HOS	128. ÚSUAL OCCUPATION (TV 85-OF WORK FOR MOST OF WITE  -3) Me)	
AND 2120	med in	5	13a. S	AL RESIDENCE (IF NURSING HOME OR C	OTHER INSTITUTION, GIVE RESIDENCE BE	OWN 13d. INSIDE CITY LIMITS	1903 132V8	ord R120711
MARYLAND		0	1	BENJA	MIN BI	ake Majey	FENNE	B// LAST
BALTIMORE,	S. Poges	/	16a, V	(AS DECEASED EVER IN U.S. ARM ES, NO DRUNKNOWN) (IF YES, GIVE	MED FORCES? 166. SOCIAL SI WAR OR DATES) 218-14-	5314 Alverta	Blake-Loth	ian, Md.
ST., BAL	physicia on popers emoval.		14	18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY:	may Englesi		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	or re				DUE TO, OR AS A CONSE	QUENCE OF		
W. PRESTON	y the otten e remove c cremotion,			Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSE	QUENCE OF		
201 es tho		ry, or o	2		ONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE T	ERMINAL DISEASE OR CONDIT	ION GIVEN IN PART 110
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low require offending physician.	hos been permit. T	2	CERTIFICATION	19a DATE OF OPERATION	Ca colu	ICH OPERATION WAS PERFORMED		Ob. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES \( \begin{array}{c} \text{NO} \emptyseta NO
OF VITA	tificate il-transit lol Hygi m 18 sh	No. of Parties		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	216. TIME OF INJURY	DAY YEAR	CURRED (ENTER NATURE OF INJURY IN	
NVISION O	this he b		MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	211 LOCATION CE, FARM, ETC 1 STREET	CITY OR TOWN	COUNTY STATE
R ATTENDIA	CTOR: All for use of Healt			220.1 certify that (1) (this haspite saw the deceased alive an_ above; (1) (we) (did) (did not	12/5	67	, to, to	and hour and from the causes stated
8 ° °	AL DIRE			Gere E Z	chiell		G MEDICAL STAFF	12.7/67
O HOSPITAL	E S S	/		PLETTGE E.	INHARDT	22e. ADDRESS /83/	Forest Dr.	
BF			73a. 8	DUS 121	136. DATE 12 12 12 12 12 12 12 12 12 12 12 12 12	3. NAME OF CEMETERY OR CREMATO	Lothial	V QUAL MAL
	- 16 50M 1/8 /RA 15, 4)	1	VA. EU	NERAL DIRECTOR	1211 STOORE	District Md. Di	FC 1 1 1097	REGISTRAR'S SIGNATURE



REESE & SONS MORTUARY, P.A.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

18a,20,22a 6635 -1-14-85

075921

(VR A15 ME (5))

MACKELL Chruchton, AD MASS 20733 ROASLIE BLUNT 914 Franklin Manor Rd. BETWEEN ONSET AND DEATH 20 AUTOPSY? YES X NO 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE 12/20/87 Balto.MD. STATE 12-23-8

1919 87

1919 87

126 KIND OF BUSINESS

OR INDUSTRY

2d HOUR

5:30 M

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# STATE OF MARYLAND

DEPARTMENT	OF HEA	LTH AND	MENTAL	HYGIEN
CF	RTIFIC	ATF OF	DEATH	

076	5 2 1 DEC 30	87	STATE . REGISTRAR		DEFARIN		ICATE OF DEATH	25 79	REG. NO.	3 6	90
0/	0 2 1 000	I. DEC	CEASED NAME FIRST	M	IDDLE	- 1	AST	20. DATE OF DE		DAY YEAR	2b HOUR
1	noy be poge 3	(Titel	BALAA	m	A	BL	LANT	of.	12	21 87	0807Am
-	moy pog	3. SE)		4. RACE		S. DATE C		6. AGE (IN YEAR	S LAST BIRTHDAY	IF UNDER I YEA	
	s offi	1	m	BLAC	11	MONTE	DAY YEAR		68 YR	MONTHS DAYS	HOURS MIN.
	Pog dir		RTHPLACE (STATE OR FOREIGN	75. CITIZEN OF W	VHAT COUNTRY?	B		9. BALTIMORE		NTY OF DEATH	
	rend no 72		YLMND	U.S.A		WIDOWE	DINEVER MARRIED DINORCED	ANIA	IF AR	UNDEL	, MD.
	D James D	-	TY OR TOWN OF DEATH	11. NAME OF H	OSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	12e USUAL OC	CUPATION	126. KIND	OF BUSINESS OR
=	offer of with	34	Mulphalis		RUNDER		1500 1 llacota	(TYPE OF WORK FO	R MOST OF WORKIN	NG LIFE) INDUSTR	
130	hours bearing	USU	L RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION, C	ONE RESIDENCE BEFORE	ADMISSION)				191	491
9	24 h	13a. S	TATE 13b. COL	A.	ANNAP	ohis	YES NO	130. STREET AD	DRESS	To Se	101
YEA	tely 2 silver	14 FA	THER'S NAME	,,,	110:01-1-		15. MOTHER'S MAIDEN NA		120100	UIU DE.	
AR	and and a		CHARLES	MIDDLE E	BLUNT		ELIZABET	u ^	E.	HA	AST T.T
m,	5 8 5	16a. W	AS DECEASED EVER IN U.S. A		166. SOCIAL SECU	RITY NO.		nnapolis			TITI
NO NO	e execu	Į¥	ES. NO OR UNKNOWN) (IF YES, C	W.II	217-14-2	997		712 Newt			
113	9 9 9						TATIL OE DIGHT	Tr new	OWIT DIT		DXIMATE INTERVAL N ONSET AND DEATH
80	physic onpope emaval.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	ED BY:	Q VOL		Julea	1 ans	48	BETWEE	NONSET AND DEATH
TS T	£ 6000		IMMED1	ATE CAUSE (a)		-		1			
10	e death ce move carb nation, or traumatic		6 Bill 16	DUE TO, OR	AS A CONSEQUE	NCE OF					
RES	e atter move o notion,		Canditions, if any, which gave rise to immediate	(b)	1100						
*	by the by the core of the core		cause (a), stating the underlying cause last.	DUE TO, OR	AS A CONSEQUE	NCE OF					
201	2 0 0 0		PART 2 OTHER SIGNIFICANT	(5)	NITRIBUTING TO F	EATH BUT	NOT, RELATED TO THE TERM	UNIAL DISEASE O	OR COMPUTION	CRIENTINI DART	
RDS,	signe hen p o bur	NO O	1- COGO	CONDITIONS CO	ecert	P CM	OSS 3.1			SIVEN IN PART	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	a diameter of the control of the con	CERTIFICATION	190 DATE OF OPERATION	196. CONDIT	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPS	Y? 20b. IF	YES, WERE FIND	INGS USED S OF DEATH?
¥.	Ho and the	Ē							1010	YES 🗌	NO 🗆
5	ANN T		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D			Y YEAR	21c. HOW INJURY OCCUR	RED (ENTERNATUR	E OF INJURY IN ITEM	18 PART 1 OR PART 2)	
Ö	YSICIA ding pl ding pl bicidit Mental	OA	(IF EITHER NOTIFY MEDICAL EXAMIN	ER) P.N		19	1				
Sion	PHYSICIAN: Herding physician This certifica he be information and Mental Hy	MEDICAL	21d. INJURY OCCURRED	21e. PLACE C	OF INJURY SET, FACTORY, OFFICE, FA	ARM, ETC )	21f LOCATION STREET		TITY OR TOWN	COUNTY	STATE
2	Se Fee Fee		WHILE NOT WHILE AT WORK					101	1105	7	
	Z = # 5 # #		22a.l certify that (I) (this hos	100111		4	19	, 10	3418	. 19	, that (I) (we) last
	CT OF THE PERSON		saw the deceased alive of		after death.	<u>/</u> , a	nd that in (my) <del>(our)</del> apinian	death occurred o	in the date and		
	OR ADDRESS OF THE PROPERTY OF		77 SIGNATURE	lalle	-	_	DEGRÉE	LAEDICAL	STAFF	22c DAT	E SIGNED
			Em 100	3	13		ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN [	1 1.7	1974
	D HOSPITAL Dained by 1 D FUNERAL The Sould be de- only be de-		224. PHYSICIAN'S NAME (TYPE	OR PRINT	1	0	22e ADDRESS	0	101.2	C-8	ma
	D HOSPITAL Hained by th O FUNERAL Hould be deto out the Store		BROUTE	-AVII	1-0 W	~/	1830 FO	8620	Moon -		m021401
	D & CHOOL STO	23a B	URIAL, CREMATION, REMOVA	73h DATE	23c N	AME OF C	EMETERY OR CREMATORY	23d LOCATIO	NC	COUNTY	STATE
	BP		TAL	12-24-			D VETERANS CE	MH.	Inown evi	A A OFF	Manuel and
	DHMH - 16 50M 1/81		NERAL DIRECTOR Ant	apolis,	Md. 2140		25e DAT	E-REC'D BY REG	ICTDADIZEL DE	GISTRAPIS SIGN	ATUR Marylan
	(VRA 1S, 4)	WI	LLIAM REESE &	SONS MOR	TURRY P	.A.	00	29 19	101	Company of the company	



		1	FOR			TE OF MARYLA	ND RENTAL HYGIENE				
771	6 5 2 DEC 1	E	STATE GISTRAR				CATE OF DEAT	LI a	So. 3 6	9	1
,, 7	O O Z DLC I	T. DE	CEASED NAME FIRST		MIDDLE	, 0.	11 (1)	DATE KNOWN	MONTH D	AY YEAR	26 HOUR
	정의 학생님		JAM		Kober	+ lori	ad lay I	DEATH MATED	6125	5 1987	M
a	F 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	D. SE	u CAN	5. DATE OF BIRTH	YEAR LAST BIRTH	DAY) MONTHS DAYS	HOURS MIN PI	RONOUNCED	MONTH D	AY YEAR	24 HOUR
	STORY /	71	RTHPLACE (STATE OF	76. CITIZEN OF W	24 63 HAT COUNTRY?	To a		BALTIMORE CIT	Y OR COUNTY C	DE DEATH	M
	品品等	10	shington, D.C.	U.S.A.		MARRIED N	EVER MARRIED		NE ARUND		
	WANG ST	10 CI	TY OR TOWN OF DEATH		SPITAL, NURSING HOM	E, OR OTHER INSTITU	UTION 120 USUA	L OCCUPATION OST OF WORKING LIFE)	(TYPE OF WORK 176	KIND OF BUS	
1	OSESSE Z	6	en Burnie	(IF NOT IN SUCH F		EL HOSPITA	Λ		Worker		
( 10012	ANNY D HOURD	13. S		OR OTHER INSTITUTION, G	13 CITY OR TOWN		CITY LIMITS? 13. STREE	T ADDRESS 07	TAWA	34	35
WD	T-SON	MOT.	THER'S NAME	MIDDLE	tast		TER'S MAIDEN NAME	MIDDLE		LAST	1147
ORE	450 NO	Section	Ohn VAS DECEASED EVER IN U.S. AR	D.	Bradley		Catherine	ADDR		obst	
MITIM	STATE OF THE STATE	2	Yes (IF YES GIVE	WAR OR DATES)	579-18-78		J. Bradley		ttawa St ill, Md.	•	
TS N	HOUR WATE PART.		18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE		e for (a), (b), and (c).)	Pardia	e A	rres	Market To the Control of the Control	APPROXIMATE BETWEEN ONSET	INTERVAL AND DEATH
ots	NASI AND		No. 1 Sept. Sept.		AS A CONSEQUENCE	OF _ A				19 630	175
6	PAN		Canditians, il any, which gave rise to immediate		1-1	15. C.	0.0		7	1000	
201 W	EXAM EXAM DAMEN		cause (a) stating the <u>under-</u> lying cause last.	DUE TO, OR	AS A CONSEQUENCE	OF			2		
ORDS	PERCE DICAL A BUS FH AN	z	PART 2 DTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TER	MINAL DISEASE DR CONDITI	ON GIVEN IN PART 1 a				
088	TAN SAN T	ATION	190. DATE OF OPERATION	19b. CONDI	TION FOR WHICH OPE	RATION WAS PERFO	RMED?		2	D AUTOPSY?	,
IAI	Ser	TE								YES 🗆	NO Y
ONOF	HICATE NO THE NOUD B NETWEN	CAL CER	210. EXTERNAL CAUSE WAS  UNDERLYING OR CONTRIBUTING CAUSE OF		A. MONTH DAY YEA	R 21c HOW INJUR	Y OCCURRED (ENTER NA	TURE OF INJURY IN ITEA	A 18 PART 1 OR PART 2)		
SIVIO	WRITING WARDED AGE 35-	MEDI	216 INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	STREET FAC	OF INJURY (AT HOME, TORY, FARM, ETC.)	211 LOCATION STREET		CITY OR TOWN	COUNTY		STATE
	FCATE, FORV		220. I certify that I took charged death resulted from: Natur	ge of the remains de		Autapsy ,	Inspection . Undeter	Inquiry ,	and in my apinia	n	
	EXAM CERTIL DIREC		1107	1 . [	20		SPECIFY)	mineg manner	,	10	1 -
	3#3### T		SIGNATURE LECT	lear J	- 1707	M.D	DEPUTY	AL EXAMINER	DATE SIGNED	12/3	187
	WE STANDARD		EXAMINER'S NAME WILLIA	M P. JONE	S, M.D.	ADDRESS_	695 An	nerica Ct	21035	5	
	522524	23e. B	URIAL, CREMATION, REMOVAL	23b DATE	23c. NAME OF CE	METERY OR CREMAT		ATION	COUNTY		ATE
07/8- 25M		24 5	Burial  UNERAL DIRECTOR	12/9/87		ill Cemete	ery Su	itland	P.G.	Maryla	
23/11	DHMH - 17 (VR A15 ME (5))	100	NAME Porge P. Kalas	ADDRESS	Oxon Hill		25a. DATE REC'D. BY R	1007	. Kanaa	THE	L
	(All Signature foll)	0	Pe T NaTas	. GILCE GT III	JAC OAUII II	THE CHARLE	L DEC US	MO/ J=	としてくる		

10 31 4 4 4 5 1 7 0 DANLES REBERT STATES Mr. Can 2 20 04 63 MARINE WHO Mild The Forest Hope STILL MARCH THE Parties waster 110/1 G. U.S Z. A 

DEPARTMENT OF HEALTH AND MENTAL HYGIEN

Б	7 REG. N	10. 3	3	ÉST	9	di di
DATE	OF DEATH	MONTH	DAY	YEAR	2h H	OLIR

1	REGISTRAR		CERTI	TICALE OF DEATH	REG. NO	o. 📦 🦫	FST	2 04	
Ì	1. DECEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH	MONTH DAT	Y YEAR	26 HOUR	
1	FDNA	S	BRAD	Υ	DECEMBE	R 05.	1987	1145 PM	
ľ	3. SEX	4. RACE		OF BIRTH	6. AGE (IN YEARS LAST BIR		UNDER 1 YEAR	# UNDER 24 HRS	
1	Female	White	Janu	Tary 8, 1905	82	YRS	NIHS DAYS	HOURS MIN.	
1	To. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	Y? 8.		9. BALTIMORE CITY O	R COUNTY C	F DEATH		
21	Connecticut	U.S.A.	WIDOW	ED NEVER MARRIED	ANNE AI	OF IMPORT	COUNT	Y MD.	
7	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL NURS			120. USUAL OCCUPATI	33000	1	OF BUSINESS OR	
9	GLEN BURNIE	NORTH ARUNDE		ITAL	Secretary		Insurance		
	USUAL RESIDENCE (# NURSING HOME OF 130. STATE 130 COUP		WN	134 INSIDE CITY LIMITS?	130. STREET ADDRESS 452 AMOKO	Ct.Fl	rthpor orida	34287	
1	Herman	MIDDLE Stratt	man	LOU 1 SE	MIDDLE		Devoe^s	я	
ä	160. WAS DECEASED EVER IN U.S. AR	RMED FORCES? 186. SOCIAL SEG	CURITY NO.	17 INFORMANT	23800R	oplar .	Ave.		
7	(YES, NO OR UNKNOWN) (IF YES, GN	041-03-	0338	Joseph E. B	rady Glen	Burnie	, MD	21061	
	Conditions, if ony, which gave rise to immediate cause lot, stating the underlying cause lost.	DUE TO, OR AS A CONSEQ  (b)  DUE TO, OR AS A CONSEQ  (c)	120	heme Circles.	mysfally		24	es,	
		CONDITIONS CONTRIBUTING TO	O DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	V IN PART 1	0	
	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHIC	CH OPERATIO	ON WAS PERFORMED	200 AUTOPSY?  YES NO			OF DEATH?	
7	OR CONTRACTOR TO CALLER OF DE	HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJUI	EY IN ITEM TO PAR	T I OR PART 2)		
	OR CONTRIBUTING CAUSE OF DE-	21e. PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE	E. FARM, ETC )	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE	
	saw the deceased alive on	220.1 certify that (1) (this hospital) attended the deceased from 19 , 19 , 19 , 19 , 19 , 19 , 19 , 19							
	22b. SIGNATURE	Chin	n	DEGREE ATTENDING PHYSICIAN	MEDICAL STAI		12	HIZ7	
	224 PHYSICIAN'S NAME (TYPE C	OR PRINT)		22e ADDRESS			1	1	

DHMH - 16 50M 1/81 (VRA 15, 4)

23b. DATE 9 Dec. 37

GERARD CHURCH

236 NAME OF CEMETERY OF CREMATORY Restlawn Mem. Gardens

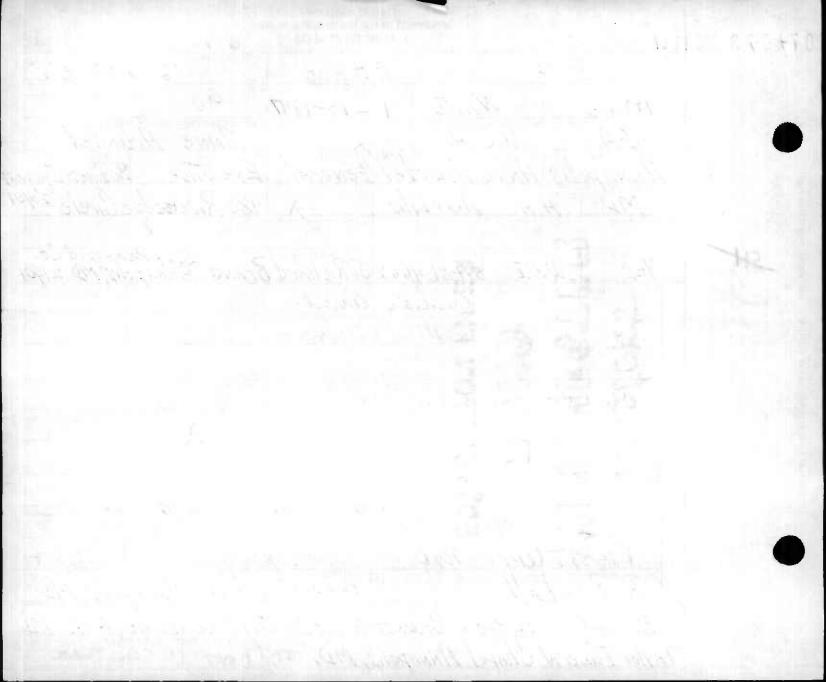
**EVERGREEN** 

SEVERNA PARK, MARYLAND 21146

| Pt. Charlotte, Charlotte, The charlotte | Pt. Charlotte | Pt.

234 BURIAL, CREMATION, REMOVAL BURIA 24 FUNERAL DIRECTOR James S. Kirkley, Glen Burnie, MD

wheredown flows . The



DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

U	8 /REG. N	10	3	6	9	4
	20 DATE OF DEATH	MON1H	DAY	YEAR	2b HC	JŲR,
	December	3,	1987		1	a
	A AGE INIVEADS LAST B	PIHDAYL	#E LUN	DER LYEAR	IE UND	ER 7.16

~	0 1						- KLO. 144	,				
	CEASED NAME	FIRST *	-	MIDDLE	(	AST .	20 DATE OF DEATH	MONTH	DAY YEAR	2b HOU	R	
( I YPE	OR PRINT)	Victor	Fı	rancis	Br	ennan	December	3, 1	9.87	11.6		
3. SE	х		4 RACE		5. DATE C		6 AGE IN YEARS LAST BIR	HDAY}	IF UNDER 1 YEAR		24 HR5	
M	lale		White		Octob	ber 8, 1912	75	YRS.	MONTHS DAYS	HOURS	MIN.	
	RTHPLACE (51	ATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D X NEVER MARRIED	ALTIMORE CITY O	R COUNT	Y OF DEATH			
	w York		U.S.A		widowed Dworced Anne Arundel					M		
19/C	ITY OR TOWN C	OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPATE		126 KIND C		SS OI	
An	napolis		Anne /	FRUNDEL	CIEN	Eral Hospital	Physician	WORKING	Self-I		yed	
13a. S	AL RESIDENCE ( STATE ryland	13b COU	NTY	GIVE RESIDENCE BEFORE  13c. CITY OR TOWN  Glen Burt	N	13d INSIDE CITY LIMITS? YES NO X	13e.STREET ADDRESS	zip cot	E Ferndal	e)210	)61	
	ATHER'S NAME					15 MOTHER'S MAIDEN NA				_		
Ţ	William		MIDDLE	Brennan		Katherine	WIDDLE		Cody	ST		
- 1	WAS DECEASED YES, NO OR UNKNOW		MED FORCES?  VE WAR OR DATES!	120.01.46		17 INFORMAN(Daugh Miss. Hillary	nter) ADDRE 1( Brennan Gl	on Ce en B	ntral A	ye 210	61	
	IS CAUSE OF			line for (a), (b), and		1121101	220111011		BETWEEN	MATE INTER	VAL	
	PART I. DE	ATH WAS CAUSI	FD BY			ary Arrest				OTTOET ANTO		
				R AS A CONSEQUE	NCE OF		9 P.S					
	Conditions, i	f ony, which	(b)_	Endstage	Cirrl	nosis						
	couse (a),	couse (b), stoting the Underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF										
	(c)											
Z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART To											
MEDICAL CERTIFICATION	19a DATE OF C	PERATION	19b COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? 206 IF YES, WERE FINDINGS U					
IFIC							YES NON YES NON NO					
CERT	210. ACCIDENT V	VAS UNDERLYING	216 TIME C			21c. HOW INJURY OCCUR				110	,	
AL		G CAUSE OF DE	AIH	M. MONTH DA	AY YEAR	1						
DIG	21d INJURY O		21e PLACE	OF INJURY		211. LOCATION			4.500,000			
M	WHILE AT WORK	NOT WHILE	(AT HOME STI	REET FACTORY, OFFICE, FA	ARM ETC }	STREET	CITY OR TO	WN	COUNTY	51	TATE	
	220 I certify t	hot (1) (this hosp	ital) attended th	e deceased from	Nover	nber 15, 19 87		. 3.	. 1987	that (I) (v	ve) lo:	
	sow the c	leceosed plive or		19		nd that in (my) (our) opinion	death occurred on the di	ate and ha	our and from the	couses sto	ited	
	27b. SIGNATURE				DEGREE			22c. DATE	SIGNED			
	1	andt	resse	cons		ATTENDING PHYSICIAN	MEDICAL STAT	IAN B	12/	13/8	7	
	226 PHYSICIA	N'S NAME (TYPE	OR PRINT)	En-		22e. ADDRESS	llana Consan					
	Carol	A. Pre	ssey, M.	D.			llage Green con, Marylan	b	21114			
23a I	BURIAL, CREMA	TION, REMOVAL	23b. DATE	23c.N	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		<u> </u>			
	rial	9	Dec.5.	1987 Maa	dowri	dge Mem. Pk.	Elkridge	Howa	rd Mar	yland	IATE	
DU			120000			and secting tree	marke auge	TTOWG		I A CHILL	A.	

BP

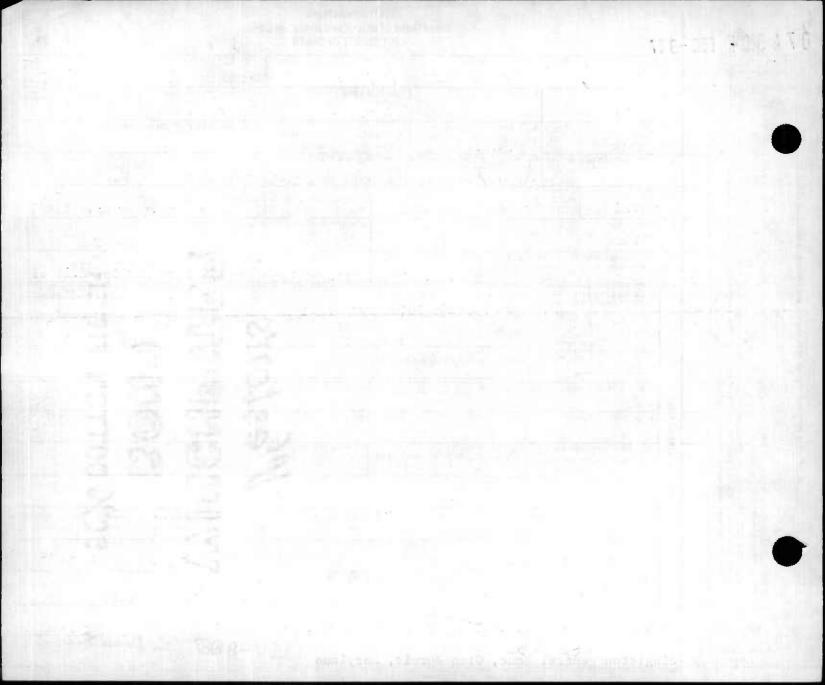
TO FUNERAL DIRECTOR. After this certificate has been signed by should be detacked for use as the burial-transit permit. Then please with the State Dept of Health and Mental Hygiene prior to burial, as

IMPORTANT: If Hem 21 is marked or

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR Singleton Funeral Home, Glen Burnie, Maryland Pk. Elkridge Howard Maryland

25. DATE REC'D BY 987 RARVIS AEGIS ARXIVE AUGUST ARXIVE AUGUST ARXIVE AUGUST AUGUST



requires that the death certificate

TO HOSPITAL OR ATTENDING PHYSICIAN. The fow retained by the hospital or attending physician.

0759

executed within 24 hours ofter death. Page 4 may be

## STATE OF MARYLAND

YGIENE

PARI	MENT	OF	HEA	LIN	AND	MENTAL	H
	CE	RTI	FIC	ATE	OF	DEATH	

	TREG. NO.	3	3	6	4	EST
TE /	OF DEATH NO	DATM	DAY	VEAD	25 6	OUD

4 6	0	REGISTRAR				CENTIL	FICATE OF DEATH	B / REG. N	10. 🕠	(3) (3)	
		EASED NAME	FIRST		MIDDLE		LAST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOU
L		DONA	LD	W		BROG	GDEN	DECEMB	ER 2	0. 1987	101
3.	SEX			4 RACE		5. DATE	OF BIRTH	6. AGE (IN YEARS LAST B	RTHDAY)	MONTHS DAYS	IF UNDER
L		MALE			BLACK	10	25 1934	53	YRS	MONINS DATS	NOURS
1	-BIR	THPLACE (STATE OR	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	ED NEVER MARRIED	9. BALTIMORE CITY	OR COUN	TY OF DEATH	
42		RYLAND		10.	S. A.	WIDOW		ANNE	ARUND	EL COUNT	TY
H	CIT	Y OR TOWN OF DEA	ATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	17e USUAL OCCUPAT	TION	12h. KIND (	OF BUSINE
1		GLEN BURN	IE		H ARUNDEL		PITAL	CLERK	0, 1,0,1,1,0	DEFEN	12ELI
		L RESIDENCE (IF NUME	ING HOME OR	OTHER INSTITUTION	13c. CITY OR TOW		1134. INSIDE CITY LIMITS?	13e. STREET ADDRESS			2107
1	MA	RYLAND		IMORE	BALTIMO		YES NO X	7146 WRIGH		- HANOVE	
U	FAI	HER'S NAME		MIDDLE	£AST .		15. MOTHER'S MAIDEN NA	ME			
78		JAMES		MIDDLE	BROGDE	N	MARIE	WIDDLE		NOA	ES.
2 16		AS DECEASED EVER					17. INFORMANT MISS	ADDR	RESAPT.		2104
1	( 18	(S, NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES	212-32-7	304	DAWN P. BROG			DR. COLL	
=	T		H (Enter on	ly one coure se		_	TENTINE 1 2 DITOR	DE14 00%2	7 11 17 111		CIMATE INTER
		18. CAUSE OF DEAT PART I. DEATH W	'AS CAUSE	D BY: C AUSE (o)	//	AC	Arrest				MIN
		Conditions, if ony, gove rise to imm couse (o), stotin underlying couse	nediote ig the	DUE TO, C	OR AS A CONSEQUE	-	Esophageal	Cancor		20	ao
		gove rise to imm couse (a), statin underlying couse	lost.	conditions conditions conditions	OR AS A CONSEQUE	NCE OF	T NOT RELATED TO THE TERM				
		gove rise to imm couse (a), statin underlying couse	nediote ig the lost.	conditions conditions conditions	OR AS A CONSEQUE	NCE OF		ZON CONTINUE DISEASE OR CONTINUE DISEASE D	20b IF Y	ES, WERE FIND TIFYING CAUSE	NGS USE
	CERTIFICATION	gove rise to immo couse (a), stolin underlying couse  PART 2 OTHER SIGN  90 DATE OF OPERA  210. ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER NOTIFY MEDI	NIFICANT (  TION  DERLYING CAUSE OF DEA CAL EXAMINER	CONDITIONS	ONTRIBUTING TO E	DEATH BUT	T NOT RELATED TO THE TERM ON WAS PERFORMED  21c. HOW INJURY OCCUR	200 AUTOPSY?	20b IF Y	ES, WERE FINDS	NGS USER
	CAL CEKIIFICATION	gove rise to imm couse (o), stotin underlying couse  PART 2 OTHER SIGN  9a DATE OF OPERA  21a, ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER NOTIFY MEDI 21d INJURY OCCUR!	TION  DERLYING CAUSE OF DEA	CONDITIONS	ONTRIBUTING TO DE CONTRIBUTION FOR WHICH	DEATH BUT OPERATION AY YEAR	T NOT RELATED TO THE TERM  ON WAS PERFORMED  1216. HOW INJURY OCCUR	200 AUTOPSY?	20b IF Y IN CERT	ES, WERE FINDS	NGS USER
	CERTIFICATION	gove rise to immo couse (a), stolin underlying couse  PART 2 OTHER SIGN  90 DATE OF OPERA  210. ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER NOTIFY MEDI	TION  DERLYING CAUSE OF DEAL EXAMINER  RED	CONDITIONS	ONTRIBUTING TO E  ONTRIBUTING TO E  ONTRIBUTING TO E  OF INJURY  OF INJURY  OF INJURY	DEATH BUT OPERATION AY YEAR	T NOT RELATED TO THE TERM ON WAS PERFORMED  21c. HOW INJURY OCCUR	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJ	20b IF Y IN CERT	TES, WERE FIND TIFYING CAUSE YES TORPART 2)	NGS USEE S OF DEAT NO
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DHMH-16 50M 1/B1 (VRA 15, 4)

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FOR

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CLESS BURNELL MOKUN ANUMURE HOSPETAL

NAL TALLES TALLES OF GUSV GURNER, NAMBELAGO 21061

LONG S. LESS, N.D.

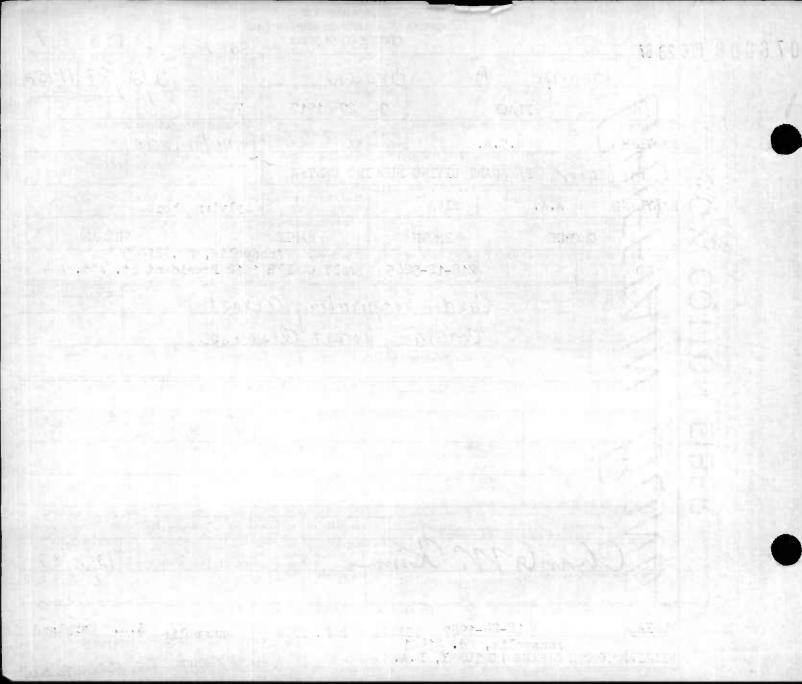
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the Door		Valer (- ()	cours	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	12/17/87
= P 111 8 50 Z		228 PHYSICIAN'S NAME TTYPE	OR PRINT)	22e ADDRESS	1 1	
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	230	SPECIFY AL REMOVAL	136 DATE 10-83	23, NAME OF CEMETERY OF CREMANORY	23d LOCATION City or town	DE MA
BP	24 F	MERAL DIRECTOR	12 300 31		TE RECID. BY REGISTRAR AS REGIST	RAR'S SIGNATURE
DHMH - 16 60M 7/84 (VRA 15, 4)	1/	WEER FUNZEAU	CHADEL AD	WUNPOLIS MOVEY	1 7 1987 Julia D	Carrette Constants
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## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

076008 DEC	23	- STATE ISTRAR				CERTIF	ICATE OF DEATH	REG. N	The state of the s	3 6	9 7		
20 T-40	(TYF	CEASED NAME GEORPHINE	orge	-	MIDDLE	Bro	WN	20. DATE OF DEATH	12/20	187	26 HOUR // 15 Am		
X 1	1.50	M		A. RACE BLACK		S. DATE O		6. AGE   IN YEARS LAST BIR	THDAY)	THIS EAR	K (MD(K 37 HK)		
O 1 12	1	HRTHPLACE (STATE ORI	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE WIDOWI	D NEVER MARRIED D	ANNE AVI	RCOUNTYO	FDEATH	MD		
· / 1190	O CITY OR TOWN OF DEATH  Edge water  FUAL RESIDENCE (F NURSING HOM  130 STATE  MARYLAND  134 CO  HATHER'S NAME  FIRST  GEORGE						OR OTHER INSTITUTION ING CENTER	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY					
24 Paris					13c. CITY OF TOW	ADMISSION)	136 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE Sylvian Shore 2//4					
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ficote b physicia spent, the	18 CAUSE OF DEATH IEMER PART I. DEATH WAS CAU					d (ct.)	uratou a	resort		BETWEEN	IMATE INTERVAL ONSET AND DEATH		
w. PRESTON S  us the drawn car by the otherding se stemos corbo cramation or re other trainmofic a	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost				R AS A CONSEQUE	NCE OF	heart di	sease					
Squires th squires th Then pleat to burnol nijery, ar-	NOI	PART 2. OTHER SIGN	NIFICANT (	CONDITIONS CO	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN	IN PART 110	a		
A RECOR	TIFICAT	19a DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20e AUTOPSY?	206. IF YES, V IN CERTIFYIN	NG CAUSES			
OF VIII.	AL CER	21a. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER NOTIFY MEDI	CAUSE OF DEA	TH HOUR A.		AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART	ORPART 2]			
WISION WEST HAS BE AND A STATE OF THE PROPERTY	MEDIC	21d. INJURY OCCUR	RED	21e PLACE	OF INJURY REET, FACTORY, OFFICE, F		211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE		
ATTENDES sphill as CTOR, at I'ler use o all Health		22a I certify that (I) sow the decease abave, (I) (we) (a	(this hospited alive on		19	, o	, 19	death occurred on the do	ote and haur a		that (I) (we) last causes stated		
HOSPIFAL OR 2 and by the ho FUNERAL DIRE (IN STORE DEPORTANT), If then ORTANT, If then		226. SIGNATURE 226. PHYSICIAN'S N	AME (TYPE O	G3 V	v. X	mo	ATTENDING PHYSICIAN [ 22e ADDRESS	MEDICAL STAF		12/2	10/87		
₽ ₽ ₽ ₹ \$ <del> </del> BP		BURIAL, CREMATION, (SPECIFY) RIAL	REMOVAL	23b. DATE 12-24	Thursday 117		EMETERY OR CREMATORY WN MEM PARK	23d LOCATION CITY OR TOWN	A /	A. Ma	ryland		
DHMH - 16 60M 7/84 (VRA 15, 4)		UNERAL DIRECTOR LLIAM REES	Ann E & S	anolis.	Md. 2140	1	25a. DA	Annapol TE REC'D. BY REGISTRAR EC 22 1987	756. REGISTRA	R'S SIGNATI	URE		



DHMH - 16 60M 7/B4 (VRA 15, 4)

### STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR FREG. NO. 20 DATE OF DEATH MONTH 2h HOUR DECEASED NAME TYPE OR PRINTS page 3 5. DATE OF BIRTH 4 RACE & AGE LIN YEARS LAST BIRTHDAYL M LINIDER TO MES 3. SEX MONTH 9 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE 76 CITIZEN OF WHAT COUNTRY? STATE OR FOREIGN NEVER MARRIED COUNTRY) ennsylvania WIDOWED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION CITY OR TOWN OF DEATH 176 KIND OF BUSINESS OR INDUSTRY BOOKS 1136 COUNTY 13a STATE 13e STREET, ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? 210501 nnapolis m 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE FIRST ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: Sellon IMMEDIATE CAUSE (o) A CONSEQUENCE OF cesserala Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAYED TO THE TERMINAL DISEASE OR VENTION GIVEN IN PART 110 CERTIFICATION 0 200 AUTOPSY E FINDINGS USED 190 DATE OF OPERAL 196 CONDITION FOR WHICH OPERATION WAS PERFORMED à IN CERTY YING CAUSES OF DEATH? bei NO NOF Mental Hygi 21a ACCIDENT WAS UNDERLYING 215 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OF PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION STATE CITY OR TOWN COUNTY AT HOME STREET FACTORY, OFFICE FARM EIC ) AT WORK NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from 12/26 sow the deceased olive on obove (I) we) (did i(did not) view the body ofter death. and that in (my) (pur) opinion death occurred on the date and hour and from the causes stated 27b. SIGNATURE DEGREE 22c DAJE SIGNI be detact e Stote De MEDICAL ATTENDING STAFF FUNERAL DIRECTOR PHYSICIAN PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OF PRINT) ld b MPORT Mahonay

product a fundament of the good facility of Lister of the state of the stat and many a handrather to supply the state of A TOTAL CONTRACTOR OF THE PARTY Mr. O. E. (138) Color sound began & last mil univer!

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hour mine of the Poge 4 may be retained by the hospital or oftending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriof-transit permit. Then please remove carbon papers. Pages and 2 should be filed within 72 hours after death with the State Dept of Health and Mental Hygiene prior to buriof, cremotion, or removal.  WPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical examiner must be notified at order.	3
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BP.

DHMH - 16 60M 7/84

(VRA 15, 4)

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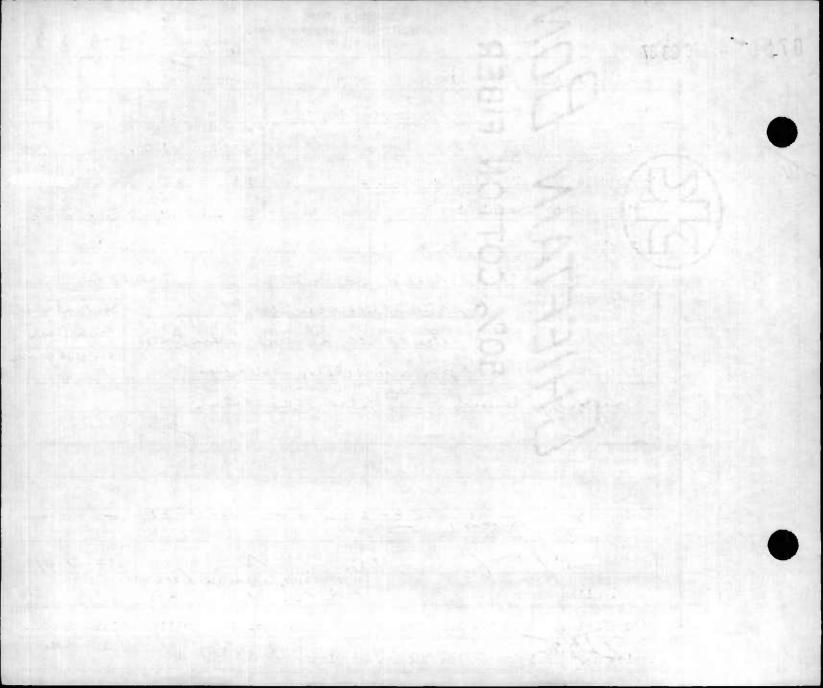
FOR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

	- STATE				CERTIF	ICATE OF DEATH	9	REG. NO	3 3	5	9	9
D	ECEASED NAME	FIRST	N	AIDDLE	t	AST .	20 DATE O		DAY	YEAR	26 HOU	JR
1111		John		Albert	E	Brown	Dec	ember 18	3, 198	37		M
3. 51	EX		4. RACE	111111111111	5 DATE C		6 AGE (IN	EARS LAST BIRTHDAY)	_	DERIYEAR	# UNDER	
1	Male	March	White		Octob	per 10, 1922		65 v	MONTH	S BATS	HOURS	MIN
70 E	SIRTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF V	WHAT COUNTRY?	0	NEVER MARRIED	9. BALTIMO	RE CITY OR COL		HTAS		
1	Maryland	100	USA		WIDOWE		Anne	Arundel	Co.			MD
10 (	ITY OR TOWN OF DE	ATH		OSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL	OCCUPATION	12		F BUSINE	ESSOR
(	Glen Burnie	9		ird Avenu		1.		K FOR MOST OF WORK		_	M M	Unio
U51	JAL RESIDENCE (# NUR	136 COUN	OTHER INSTITUTION		ADMISSION)							
	Maryland	Anne	Arundel	Glen Bur	nie	YES NO X		ADDRESS / ZIP (		5. W.	210	)61
4 F	ATHER'S NAME					15. MOTHER'S MAIDEN NA			,,,,,,		220	
	Charles	,	MIDDLE	Brown		Mary		MIDDLE	Sr	nalir	nski	
	WAS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17 INFORMANT (Wif	fe)	ADDRESS		100 2 2 1	10711	
	(YES, NO OR UNKNOWN)	NA	WAR OR DATES	217.14.6	5023	Sue P. Brown	-	Sa	ame as	s #13	3	
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	underlying couse		( DOE 10, OK	AS A CONSECUE	ary	artery De	ines	FQ.			'/	
	PART 2 OTHER SIG	NIFICANTO	ONDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEAS	E OR CONDITION	GIVEN IN	PART 10	0	==
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TIF					_		YES []	NO	ERTIFYING YES	CAUSES	NO [	_
CER	210. ACCIDENT WAS UN	-		INJURY A. MONTH DA	Y YEAR	216 HOW INJURY OCCUR	RED (ENTER NA	LTURE OF INJURY IN ITE	M 18 PART I O	PART 7)		
AL	OR CONTRIBUTING				19							
MEDICAL	21d INJURY OCCUR		21e PLACE C			211 LOCATION		CITY OR TOWN	r	OUNTY		STATE
Σ	WHILE NOT W	HILE DRK	(A) HOME SIRE	ET, FACTORY, OFFICE F	ARM_ETC.)	314661		Citionion				
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	sow the decease	ed olive on.	view he body	ofter death	or	nd that in (my) (our) apinion	death occurre	d on the date and	hour and	from the	couses sto	oted
	22h SIGNATURE	X	/_	/		DEGREE	/		7	220 DATE	SIGNED	-
	-	1	X		11.	D. ATTENDING PHYSICIAN [	DIRECTOR	STAFF PHYSICIAN		12-	19-8	7
	224 PHYSICIAN'ST	AME ()	Minits			220 ADDRESS 3/00 C				1171		-
	Dr. Al	lan Pe	rez			BALTO.	40	2/2,	1			
230	BURIAL, CREMATION,	REMOVAL	23b DATE	23c N	IAME OF C	EMETERY OR CREMATORY	23d LOCA					
	Cremat:	ion,	Dec 19	, 1987 Se	curit	y Process, In	nc. Cat	onsville	Ba.	Itimo	ore '	Md.

Singleton Duneral Home Glen Burnie, Maryland

25 PATE RECD BY REGISTRAR 256 REGISTRARS SIGNATURE 12 1987



Bearl Evans Funeral Home Bowie, Maryland

MIDDLE

REGISTRAR

24 FUNERAL DIRECTOR

DECEASED NAME

(TYPE OR PRINT)

BP.

DHMH - 16 50M 1/81

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

16000 Annabelis Rd.

JAN

REG. NO.

MONTH

2h HOUR

126 KIND OF BUSINESS OR

IF UNDER 24 HRS

IF UNDER 1 YEAR

INDUSTRY

APPROXIM

COUNTY

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNASHION

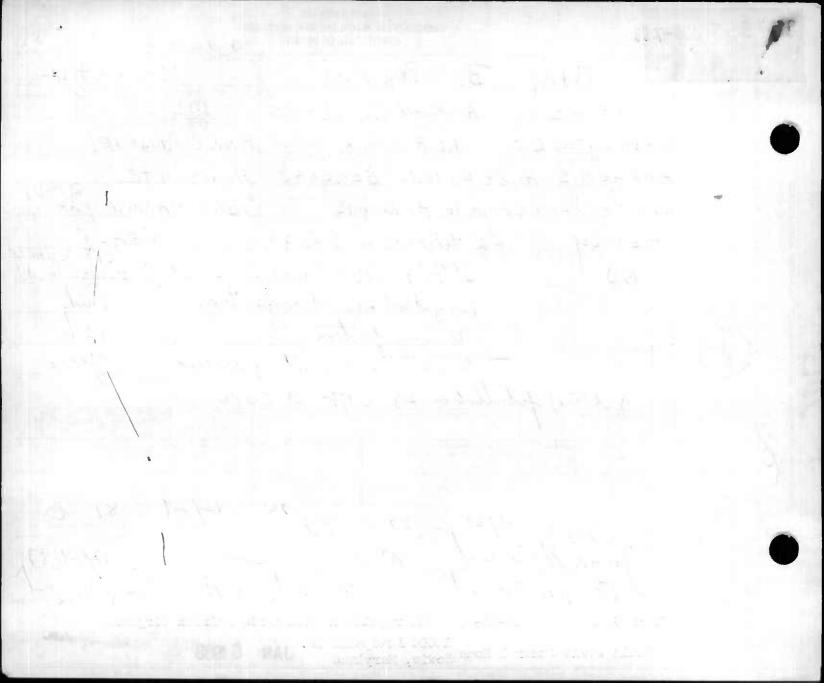
22c. DATE SIGNED

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NO [

STATE

2s DATE OF DEATH



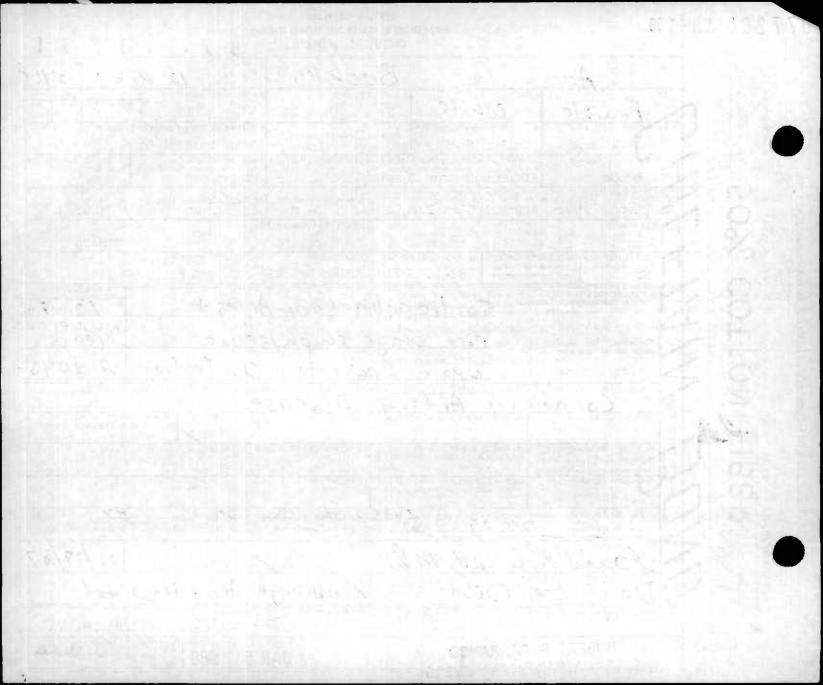
## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

17	26 & JAN	15 8	A BOR			DEDA		E OF MARYLAND IEALTH AND MENTAL HYG	IENE		
M	201	٦.	STATE REGISTRAR			DEFA		ICATE OF DEATH	8 REG. NO.	3 7	0 1
	e & &		CEASED NAME	FIRST		WIDDLE	R	AST Le Los	20. DATE OF DEATH MONTH	00 0 -	HOUR
	poge 3	2 000		NN	4 RACE	R.	S. DATE O	JCHITY	6. AGE (IN YEARS LAST BIRTHDAY)		UNDER 24 HRS
	ector. F	3. SE	Fewo	le	CU	hite	MONTH	- 19 - 22	65 YRS	MONTHS DATS H	OURS MIN.
0	P. T. T.		RTHPLACE (STATE OF COUNTRY) COUNTRY) COUNTRY)		76 CITIZEN OF United	States	AAADDIE	D NEVER MARRIED	Anne Arundel C		MD
5 20	s ofter d	1	TY OR TOWN OF DE	ATH	11. NAME OF I			or other institution cal	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING HOMEMAKET	126 KIND OF B INDUSTRY Home	USINESS OR
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MARYLA	mpletely ond 2 sh	14. FA	Owen		MIDDLE	Mehu	ısh	15. MOTHER'S MAIDEN NA/ Margaret	WE	O'Hara	-
BALTIMORE,						166 SOCIAL SE 183–14		Helen Brierl	6305 Carolin Y Glen Burnie,		
ST., BALT	rtificate L physicio ondopers emovol.		18 CAUSE OF DEA PART I. DEATH	WAS CAUSE	ly one couse per D BY: TE CAUSE (o)	line for to) (b),	o pul	monary	Arrest	BETWEEN ONS	EINTERVAL ET AND DEATH
PRESTON	death ce offending ave corbi		Conditions, if on		DUE TO, OR AS A CONSEQUENCE OF EMPHYSELIA YEAR						
201 W. PR	that the d by the ease rem ol, crema		gove rise to in couse (a), stat underlying cous	ing the	DUE TO, OI	RAS A CONSEC	QUENCE OF	spiretory	In fertion	1 2 d	ays
RECORDS, 20	en signe en signe i. Then pi pr to burn y injury, o	NOIL	PART 2 OTHER SIC	501	lary	Art	10 DEATH BUT	Diseas			
AL RECO	The low	CERTIFICATION	190 DATE OF OPER			TION FOR WHI	ICH OPERA¶ IO	N WAS PERFORMED	YES NO NO IN CER		
N OF VII	ding physic is certificate buriol-trans Mental Hyg		210. ACCIDENT WAS UP OR CONTRIBUTING [ (IF EITHER NOTIFY MED	CAUSE OF DEA	HOUR A.	M. MONTH	DAY YEAR		RED (ENTER NATURE OF INJURY IN ITEM 1)	8 PART   ORPART 2)	
DIVISION OF VITAL	offendir offer this of the burner of the bur	MEDICAL	21d. INJURY OCCU	VHILE	21e PLACE	OF INJURY IEET, FACTORY, OFFI	ICE, FARM ETC )	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	spitol or spitol or CTOR. Al for use of Healt		22a.1 certify that ( sow the decea above (1) (we)	sed olive on	tol) ottended the	9 19	C 43	3, 1486, 19 1981 and that in (my) (page) opinion of	deoth occurred on the date and h	,	it (I) (we) lost uses stated
	by the hos leral DIREC of detoched Stote Dept ANT: If Item		226. SIGNATURE	dà	. We	20) 1.	nl	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	12/2 /2/2	9/87
	etoned by 17 FUNERAL Should be de with the Store		DOVI 9	Le Le	e W	es+		KIN broug	4 Army Has	spital	
	BP	23a E	BURIAL, GREMATION SPECIFY) BUT TAL	, REMOVAL	23612-31	-87 A	rlingto	emetery or crematory on National Ce	em. Arlington, A	rlington,	VÄTATE

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTO BERT S. BARRANCO ADDRESS SEVERNA PARK

JAN 5 1988



ar ather traumotic event, the

# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1	3	7	1	13	
REG. NO.	63	1)	1	V	- 1

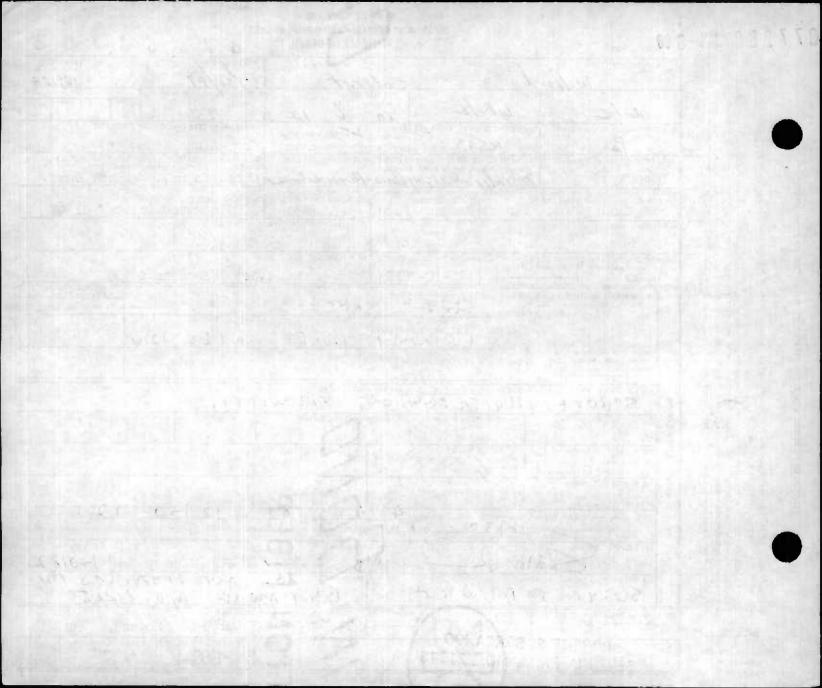
-	88	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYGI ICATE OF DEATH	B REG. N	. 3 3	7	0 2
		CEASED NAME FIRST	,	MIDDLE	ι	AST	IN DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
	[,,,,	Willar	rd R	igg	Cal	reat	12/30/87			10:10 AM
	3. SEX		4. RACE	,	5. DATE C		AGE LE EARS LAST BIR	THDAY) IF UNE	The state of the state of	IF UNDER 24 HRS HOURS MIN.
		M2/12	Who	te	10	6 12	75	YRS	02.3	MIN
1		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 AA A DD ICI	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF D	EATH	
4		PA	265	A	WIDOWE		Anne Arund	lel Count	cy,	MD.
2	10. CI	TY OR TOWN OF DEATH		HOSPITAL, NURSING		R OTHER INSTITUTION	120 USUAL OCCUPATI		KIND OF	BUSINESSOR
1		rooklyn	merodi	in Nunsmy	Home.	-Homard lone	Chem. Engr		J.S.	Govt.
6	13a S		OTHER INSTITUTION,	GIVE RESIDENCE BEFORE  13c CITY OR TOWN  Severna	ADMISSION)	138 INSIDE CITY LIMITS?	13e STREET ADDRESS . 809 Teakwo		12	1146
		THER'S NAME	THE GITACLE	beverna	Lair	15. MOTHER'S MAIDEN NAM		od DIIVE	- / 4.	1140
7		ROV	L.	Calver	t.	Helen	MIDDLE G.		Rigg	
0	160 W	AS DECEASED EVER IN U.S. AR		166 SOCIAL SECUE		17 INFORMANT	ADDRE	SS	11199	
	(1)	nc (# YES, GIV	E WAR OR DATES)	177-10-2	820	Margaret Cal	vert (Same	as # 13		
Ī		18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	lly one cause per			0.16			BETWEEN OF	NSET AND DEATH
			E CAUSE (0)	SEPTIC	> 8	SHOCK				
		The second second	DUE TO, O	R AS A CONSEQUE	2 4	TRACT	NEC	7/3		
1		Canditions, if any, which	(b)_	VICINI	MCY	114761	INFEC	NON		
		couse (o), stoting the	DUF TO O	R AS A CONSEQUE	NCE OF					
		underlying cause last.	1							
			(c)_	1444		NOT BELLIED TO THE TERM			104073	
	NOI	PART 2 OTHER SIGNIFICANT OF STROKE,	(c)_	ONTRIBUTING TO D		1 - C/h 1	NAL DISEASE OR CON	DITION GIVEN IN	PART 110	
3	ICATION		CONDITIONS CO Hyp	ENTEN ENTER	SION	1 - C/h 1		DITION GIVEN IN	RE FINDING	GS USED
3	RTIFICATION	PART 2 OTHER SIGNIFICANT ( STROKE)  19a DATE OF OPERATION	CONDITIONS CO Hyp	ONTRIBUTING TO D EALT EV TION FOR WHICH (	SION	N WAS PERFORMED	706 AUTOPSY?   YES   NO	20b. IF YES, WEF IN CERTIFYING YES	RE FINDING CAUSES (	GS USED
95	AL CERTIFICATION	PART 2 OTHER SIGNIFICANT (  STOCKE)  190. DATE OF OPERATION  219. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DE.	CONDITIONS CO H Y P 196 CONDI 196 CONDI 196 CONDI 196 CONDI 196 CONDI 196 CONDI	ELT EV TION FOR WHICH ( FINJURY M. MONTH DA	DEATH BUT	1, VItscui	706 AUTOPSY?   YES   NO	20b. IF YES, WEF IN CERTIFYING YES	RE FINDING CAUSES (	GS USED DF DEATH?
999		PART 2 OTHER SIGNIFICANT OF STROKE,  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	CONDITIONS	TION FOR WHICH OF INJURY M. MONTH DA M. OF INJURY	OPERATIO  Y YEAR  19	N WAS PERFORMED  21c. HOW INJURY OCCURR  21t. LOCATION	200 AUTOPSY?  YES NO ED (ENTER NATURE OF INJU	20b. IF YES, WEF IN CERTIFYING YES  RY IN ITEM 18 PART 1 O	RE FINDING CAUSES ( DR PART 2)	GS USED DF DEATH? NO
999	MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICANT ( STOCK)  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (15 EITHER NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED  WHILE NOT WHILE	CONDITIONS	ELTENTION FOR WHICH OF INJURY M. MONTH DAM	OPERATIO  Y YEAR  19	N WAS PERFORMED  216. HOW INJURY OCCURR	706 AUTOPSY?   YES   NO	20b. IF YES, WEF IN CERTIFYING YES  RY IN ITEM 18 PART 1 O	RE FINDING CAUSES (	GS USED DF DEATH?
99		PART 2 OTHER SIGNIFICANT (  STOCKE)  196. DATE OF OPERATION  216. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DE- (# EITHER NOTIFY MEDICAL EXAMINE) 218. INJURY OCCURRED  WHILE  AL WORK  AL WORK  228. I certify that (1) (this hosp)	CONDITIONS	FINJURY M. MONTH DA M. DEFINJURY EET, FACTORY, OFFICE, FACTORY	OPERATIO  Y YEAR  19	N WAS PERFORMED  21c. HOW INJURY OCCURR  21t. LOCATION	200 AUTOPSY?  YES NO ED (ENTER NATURE OF INJU	20b. IF YES, WEF IN CERTIFYING YES  RY IN ITEM 18 PART 1 O	OUNTY	GS USED DF DEATH? NO
999		PART 2 OTHER SIGNIFICANT ( STOCK)  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OP CONTRIBUTING CAUSE OF DE. (IF EITHER NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	IPP CONDITIONS CONDITI	ENJURY M. MONTH DA M. OF INJURY EET, FACTORY, OFFICE, FA	Y YEAR  19  ARM, ETC.)	N WAS PERFORMED  21c. HOW INJURY OCCURR  21f. EOCATION STREET  19  19  10  11  11  11  12  13  14  15  16  16  17  18  19  18  19  19  19  19  10  10  10  10  10  10	200 AUTOPSY?  YES NO ED (ENTER NATURE OF INJU	20b IF YES, WEFIN CERTIFYING YES  RY IN ITEM 18 PART I CO	OUNTY	GS USED DF DEATH? NO STATE and (I) (we) last auses stated
99		PART 2 OTHER SIGNIFICANT (  \$ 1700 PCL  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DE.  (IF EITHER NOTIFY MEDICAL EXAMINE)  21d. INJURY OCCURRED  WHILE  AT WORK  AT WORK  22a. I certify that (1) (this hosping on the deceased alignment)	IPP CONDITIONS CONDITI	ENJURY M. MONTH DA M. OF INJURY EET, FACTORY, OFFICE, FA	Y YEAR  19  ARM, ETC.)	21c. HOW INJURY OCCURR  21f. LOCATION STREET  19  19  10 that in (my) (aur) apinion delegree	200 AUTOPSY? YES NO ED (ENTER NATURE OF INJU	20b IF YES, WEFIN CERTIFYING YES  RY IN ITEM 18 PART I CO WN C  30, 19	OUNTY	GS USED DF DEATH? NO STATE and (I) (we) last auses stated
99		PART 2 OTHER SIGNIFICANT (  \$ 1 (20) (20)  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DE.  (IF EITHER NOTIFY MEDICAL EXAMINE)  11a. INJURY OCCURRED  WHILE  AL WORK AL WORK  22a. I certify that (1) (this hosp) sow the deceased alive on above, (1) (we) (did Taid in  22b. SIGNATUR	CONDITIONS CO H Y P 196 CONDI 216. TIME O HOUR A. 21e. PLACE (AT HOME, STR 101) ottended the	ENJURY M. MONTH DA M. OF INJURY EET, FACTORY, OFFICE, FA	Y YEAR  19  ARM, ETC.)	N WAS PERFORMED  21c. HOW INJURY OCCURR  21f. LOCATION STREET  19  10 that in (my) (aur) apinion of DEGREE  ATTENDING PHYSICIAN	ZOB AUTOPSY?  YES NO CITY OR TO  CITY OR TO  MEDICAL STA  DIRECTOR PHYSIC	20b. IF YES, WEF IN CERTIFYING YES  RY IN ITEM 18. PART I CO  WN  Co  The and hour and	OUNTY	GS USED DF DEATH? NO STATE and (I) (we) last auses stated
99		PART 2 OTHER SIGNIFICANT (  \$ 1720 V.E.)  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DE. (IF EITHER NOTIFY MEDICAL EXAMINET  21d. INJURY OCCURRED  WHILE  AT WORK  AT WORK  22a I certify that (1) (this hospit  sow the deceased alive-on- above, (1) (we) [didt] (align)	CONDITIONS CO H Y P 196 CONDI 216. TIME O HOUR A. 21e. PLACE (AT HOME, STR 101) ottended the	ENJURY M. MONTH DA M. OF INJURY EET, FACTORY, OFFICE, FA	Y YEAR  19  ARM, ETC.)	N WAS PERFORMED  21c. HOW INJURY OCCURR  21f. LOCATION STREET  19  10 that in (my) (aur) apinion of DEGREE  ATTENDING	ZOB AUTOPSY?  YES NO CITY OR TO  CITY OR TO  MEDICAL STA  DIRECTOR PHYSIC	20b. IF YES, WEF IN CERTIFYING YES	OUNTY	GS USED DF DEATH? NO STATE and (I) (we) last auses stated
99	MEDICAL	PART 2 OTHER SIGNIFICANT OF STANDARD PART 2 OTHER SIGNIFICANT OF STANDARD PROPERTION  216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DELEGATION OF CONTRIBUTING ALL EXAMINET OF CAUSE OF DELEGATION OF CAUSE OF DELEGATION OF CAUSE OF DELEGATION OF CAUSE OF DELEGATION OF CAUSE O	CONDITIONS	FINJURY M. MONTH DA M. OF INJURY eet. FACTORY. OFFICE, FA  after death	Y YEAR  19  ARM. ETC)	N WAS PERFORMED  216. HOW INJURY OCCURR  211 LOCATION STREET  19  19  10  11  11  12  13  14  15  16  17  18  18  18  18  18  18  18  18  18	ZOO AUTOPSY?  YES NO CITY OR TO  CITY OR TO  MEDICAL STA  DIRECTOR PHYSIC  THE STA  THE STA	20b IF YES, WEF IN CERTIFYING YES  RY IN ITEM 18 PART I O  WN  C  3	OUNTY	GS USED DF DEATH? NO STATE and (I) (we) last auses stated
99	MEDICAL	PART 2 OTHER SIGNIFICANT (  \$ 1 (20) (20)  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DE.  (IF EITHER NOTIFY MEDICAL EXAMINE)  11a. INJURY OCCURRED  WHILE  AL WORK AL WORK  22a. I certify that (1) (this hosp) sow the deceased alive on above, (1) (we) (did Taid in  22b. SIGNATUR	CONDITIONS	DNTRIBUTING TO D  EAT EV  TION FOR WHICH (  F INJURY  M. MONTH DA  M.  OF INJURY  et etcased from  atter death.  19	OPERATIO  Y YEAR  19  ARM. ETC.)	N WAS PERFORMED  21c. HOW INJURY OCCURR  21t LOCATION STREET  19  10t that in (my) (aur) apinion d DEGREE ATTENDING PHYSICIAN 22e ADDRESS 2 0 2	ZOB AUTOPSY?  YES NO CITY OR TO  CITY OR TO  MEDICAL STA  DIRECTOR PHYSIC  1236 LOCATION	20b IF YES, WEF IN CERTIFYING YES  RY IN ITEM 18 PART I O  WN  C  3	OUNTY  OUNTY  OUNTY  12/3  COD 215	GS USED DF DEATH? NO STATE and (I) (we) last auses stated
	WEDICAL MEDICAL	PART 2 OTHER SIGNIFICANT OF STANDARD PART 2 OTHER SIGNIFICANT OF STANDARD PROPERTION  216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DELEGATION OF CONTRIBUTING ALL EXAMINET OF CAUSE OF DELEGATION OF CAUSE OF DELEGATION OF CAUSE OF DELEGATION OF CAUSE OF DELEGATION OF CAUSE O	CONDITIONS	DNTRIBUTING TO D  EALT EV  TION FOR WHICH OF  M. MONTH DA  M. OF INJURY  BEET, FACTORY, OFFICE, FA  Control of the deceased from  Control of the deceased from from the deceased fr	OPERATIO  Y YEAR  19  ARM. ETC.)	211. HOW INJURY OCCURR  211. LOCATION STREET  19  19  10  11  11  12  12  12  13  14  15  16  17  18  18  18  18  18  18  18  18  18	ZOB AUTOPSY?  YES NO ED (ENTER NATURE OF INJU  CITY OR TO  MEDICAL STA  DIRECTOR PHYSIC  23d LOCATION	20b IF YES, WEF IN CERTIFYING YES   RY IN ITEM 18 PART I O  WN  Compared to the control of the c	OUNTY  OUNTY  OUNTY  1 tram the co	STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

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retained by the haspital

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					STAIL	UF MAKTLAND							
	FOR			DEPARTA	MENT OF H	EALTH AND MENTAL HYG	IENE						
1	STATE FEGISTRAR				CERTIF	ICATE OF DEATH	8 7	1	.5	3	1	0	3
2	01			AIDDLE		a\$1		REG. NO.	(2	DAY	YEAR	-	
	CEASED NAME	FIRST	N	NIDDLE		A51	2a DATE OF DE				TEAN	26 HOL	JR
12	Rob	ert	J	ames	Ca	meron	Decembe:	r 27	, 198	37		8:30	) PM
3. SEX	(	4.	RACE		5 DATE C		6. AGE IN YEARS	LAST BIRTH	DAY	MONTHS	DAYS	IF UNDER	R 24 HRS
fa1	e		White		Septe	ember 23, 1934	53						
	RTHPLACE ISTATE OR F	FOREIGN 76	76 CITIZEN OF WHAT COUNTRY?			NEVER MARRIED	9 BALTIMORE	CITY OR	COUNT	Y OF DE	ATH		
	sachusetts	S	U.S.A.			D DIVORCED	Anne A	rund	el				MD
H <sub>2</sub> CI	TY OR TOWN OF DEA	TH 11			G HOME C	OR OTHER INSTITUTION	12a USUAL OCC				126 KIND OF BUSINESS		
<i>G</i> 1	Glen Burnie		7940 C	akwood Re	nad		Managem Investi	entD	elense		JSTRY	vern	mani
APPIO A	AL RESIDENCE (IF NURS	ING HOME OF OT					HIVESTIE	Jack	711	p.c	.00	VELII	men
IJE S	TATE	13P COUNTA		13c CITY OR TOW	N.	134 INSIDE CITY LIMITS?	13 STREET ADD	RESS / T	ZIP COD	E.	0	1061	
-	yland	Anne A	rundel	Glen Bur	nie	YES NO.	7940 Oa	KWOO	d Ro	ad	2.	1061	
I LIFE	THER'S NAME	M IO	DLE	LAST		15. MOTHER'S MAIDEN NA		IDDLE			1 4 5 1	,	
1	James			Cameron		Irene		DDIE.		Lem	eli	n	
	VAS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17 INFORMANT (Wife	9)	ADDRESS	5				
Ye	ES. NO OR UNKNOWN)	(IF YES GIVE W	AR OR DATES)	017.26.7	727		K. Camer	on	Sam	e as	#1	3	
	LA CAUSE OF DEATH	11.5 . 1			-							MATE INTE	RVAL
	PART I. DEATH W	AS CAUSED E	3Y	in fall	SIN	Intratranel	missu	.1		BE	TWEENC	INSET AND	DEATH
		IMMEDIATE (	AUSE 10	11/0000	0000	LITT 10:0 Million	1410300	r			_		
7	1.35		DUE TO, OF	R AS A CONSEQUE	NCE OF	/	V						
	Conditions, if ony,		( ıb)	1519/1199	111111	Y							
	gove rise to imn		DUE TO OF	R AS A CONSEQUE	NICE OF								
	underlying couse		00000	AS A CONSEGUE	INCE OF								
-91	PART 2 OTHER SIGN	JIEIC ANT COI	NDITIONS CO	NITPIRITING TO F	SEATH BUIL	NOT RELATED TO THE TERM	INAL DISEASE O	R CONDI	TION GE	VENI IN D	ADT 14		
Z	TART E. OTTER STOP	VIII ICANI COI	ADITIONS CC	DIVINIBOTING TO L	ZEATH BOT	NOT KELATED TO THE TERM	INAL DISEASE OF	CONDI	HON GE	A E IA II A E	MKI III		
CERTIFICATION	IA DATE OF ORCHAI	TION!	Tial covini	TION FOR MINE	00001710	NAME OF STREET	Tan AUTORES		201 15 45	5 14(505	FINITE IN	105 1155	
CA	190 DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPS			S, WERE			
TIF		17.00					YES N	0	YI	ES 🗌		NO [	
G	210 ACCIDENT WAS UND		216 TIME OF	FINJURY M. MONTH DA	V VEAD	214 HOW INJURY OCCUR	RED (ENTER NATURE	OF INJURY	IN ITEM 18	PART 1 OR P	ART 2)		XX
A	OR CONTRIBUTING C		P A		19	Berger St.							
MEDICAL	21d INJURY OCCURE		21e PLACE C		17	211 LOCATION					-		
ME	WHILE NOT WH			EET, FACTORY OFFICE F	ARM ETC )	STREET	CI	TY OR TOWN	4	COU	NIA	5	STATE
	22a I certify that (I)	-	attended the	e deceased from		. 19	to			19	-	that the	we) last
	sow the decease	ed alive on		10	, on	d that in (my) (our) opinion i		n the dots					
	phove, (I) [we] (d	fid) (fild not) +	iew the body o	ofter death.		DEGREE						SIGNED	_
1	hide.	( de all	MIN	3		ATTENDING	. MEDICAL	STAFF		1/	7.2	e (	7
V	MININ	OVW	1001				DIRECTOR	PHYSICIA	AN 🗌	1/	200	) . 0	/
	ZM. PHYSICIAN'S NA					22e. ADDRESS /O/	W. RE.	Ad.	STRE				
	HOWAR	D Me	ases, I	MID.		54176 521	BAG	MAD	Re	MIC	1.	212	0/

DHMH - 16 60M 7/84 (VRA 15, 4)

23a BURIAL, CREMATION, REMOVAL Cremation

24 FUNERAL DIRECTOR

23c NAME OF CEMETERY OR CREMATORY

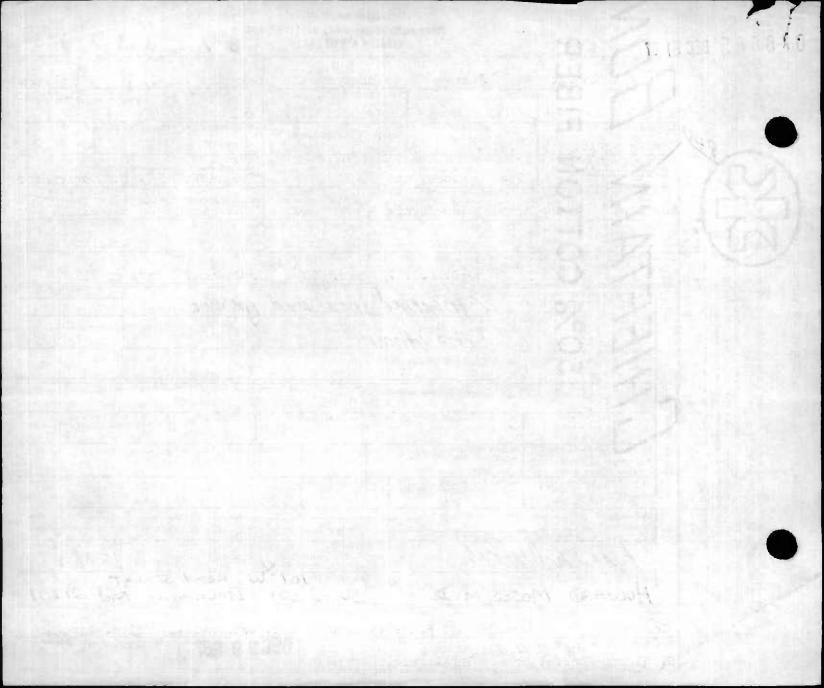
BALTMORE Md. 21201

SU176 521

23d LOCATION CHYORTOWN CATONSVILLE, Balto. Maryland

Singleton Funeral Home, Glen Burnie, Maryland

Dec. 28,1987 Security Process Inc. 9BY 1987 RAR ZSB. REGISTRAR'S SIGNATURE



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(VRA 15, 4)

### STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE OF DEATH MONTH DAY YEAR 26 HOUR TYPE OR PRINT 26 8 12 0/26 AM Danie m 3 SEX 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHOAY) IF UNDER ! YEAR IF UNDER 24 HRS MONTH YEAR CAU 68 MALE 1919 march To. BIRTHPLACE (STATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED MARYLAND WIDOWED DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADORESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Ft meade, mD. Soldier - RTD Kimbrough Army US Army USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE AGMISSION) ODenton 130. STATE 136 COUNTY 13c. CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? Anne Arunde ODenton RitA 21113 NO 59D Maryland MD. 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE 60 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS open ton 166 SOCIAL SECURITY NO 17. INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) YES 579-10-6536 590 RitA Thelma G. Carpenter MD. 21113 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: Cardiopulmonary IMMEDIATE CAUSE (0), DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO X YES T 710 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION 0 COUNTY CITY OR TOWN STATE STREET (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) P NOT WHILE 25/12 220 I certify that (1) (this bespiral) attended the deceased from\_\_\_\_ sow the deceosed glive on 0/2 6 26/2 19 87 obove, (I) (we) (did) (did som view the body ofter death. , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF MO should be det with the Stote IMPORTANT: PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS Benjamen, CPT. MC Kimbro vah At. Meade 230. BURIAL, CREMATION, REMOVAL 23c. NAME/OF CEMETERY OF CREMATORY COUNTY +R/INAtoN 24 FUNERAL DIRECTOR REGISTRAR'S STO DHMH - 16 60M 7/84

} Little Et Marin Strain Strain N/A Bullet banker Adoption in a second thought bright the little at the form to the state of th A STATE OF S Market British and Comment of the Co The state of the same of the state of the state of the state of the state of the deep rement there is a particular

075	638 DEC	21	FOR STATE GISTRAR			ENT OF HE	OF MARYLAND ALTH AND MENTAL HYG CATE OF DEATH	8	REG. NO		3	7	0 5
	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1. DE	CEASED NAME FIRST ORPRINT) HARGAI	EET MIDDLE		CAR	RROLL	20. DATE	OF DEATH	12	12	F7	1 30 M
	ector, po	3.5€	F	4 RACE		S. DATE OF	BIRTH  3 1915	6. AGE	IN YEARS LAST BIRT	HDAY) YRS	MONTHS	DAYS .	IF UNDER 24 HRS
0	35		RTHPLACE (STATE OR FOREIGN COUNTRY) RYLAND	U.S.A.		MARRIED WIDOWED	□ NEVER MARRIED □		MORE CITY OF	COUN	TY OF D	EATH	MD.
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 mains or attending physician.  When this certificate has been signed by the ottending principle and completely filled in a os the buriol-transit permit. Then please remove corbon pages in a completely filled in the and Mental Hygiene prior to buriol, cremation, or interest	z	18. CAUSE OF DEATH (Entre PART I. DEATH WAS CA IMME  Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last  PART 2. OTHER SIGNIFICA	DUE TO, OR A	AS A CONSEQUAS A CONSEQU	JENCE OF	mq	TO THE TERM	INAL DISEASE	OR CONDI	TION GIVEN	yea	wate interval onset and death ediate
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Hardesty Funeral Home, Annapolis, Md.

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Maryland / Ba				GIVE RESIDENCE BEFORE 13c. CITY OR TOW Baltimor	N	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE 316 S. Newkirk St. 21224					
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214 IN ILIPY OCCUPRED	27a PLACE OF INTURY		216 LOCATION		The second second

220.1 certify that (1) (this hospital) attended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

sow the deceosed olive on obove, (I) (we) (did) (did not) view the Vody ofter death 22c. DATE SIGNED 22h SIGNATURE DEGREE

STREET

ATTENDING PHYSICIAN AEDICAL STAFF 12/8/1987

22e ADDRESS 21222 201 Wise Ave. Baltimore, Md.

830. BURIAL, CREMATION, REMOVAL Burial 23d LOCATION
CITY OF TOWN
Middle River 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY

12/11/1987 Holly Hill Mem. Gds. 24 FUNERAL DIRECTOR

AT HOME, STREET, FACTORY, OFFICE, FARM ETC |

Balto.

CITY OF TOWN

COUNTY

Md.

DHMH - 16 60M 7/84

Walter Brooks Bradley Inc., Dundalk Md. 21222

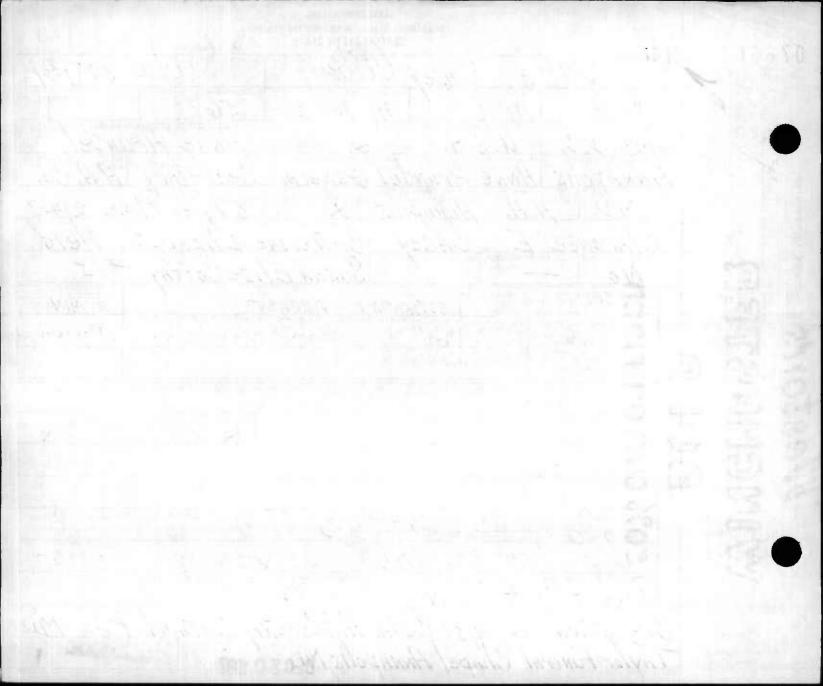
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19		HER'S NAME Villiam		MIDDLE	Wright	st L		Sadie		IDDLE		P	alme	r
Pood Pood		IS DECEASED EVER I, NO OR UNKNOWN) NO		RMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDR 15. INFORMANT JOANNE M. Herriman 12305 15. INFORMANT JOANNE M. Herriman 12305							oress 5. Rolling Hill Lane wie, Maryland			
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TO HOSPITA retoined by TO FUNERA should be dr with the Stori			Capu	uto, M.	D.			132 Holiday			Ann	apol	is,	Md.
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	7	6 draw and the state of the sta	retained by the hospital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and campletely filled in by the funeral direction mage 3 CO	should be detoched for use as the burial-transit permit. Then please remove carban papers. Pages   and 2 should be filed within 72 hours III death with the State Dept of Health and Mental Hygiene priar to burial, crematian, or removal.	aumatic event, the medical examiner must be notified of once.
DIVISION OF VITAL RECORDS, 201 W. PRE		A sale and	retained by the hospital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the o	should be detoched for use as the burial-transit permit. Then please remo with the State Dept-of Health and Mental Hygiene prior to burial, cremat	MPORTANT; If Hem 21 is marked or Hem 18 shows ony injury, or other tra

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pitol or TTENDIN TOR. Af for use o of Heoltl		220.1 certify that (I) (this hospital) sow the deceased alive an above (V (we) Idid) (did not) vie	1 -	, and that in (my (our) opinion de	oth occurred on the do	that () (we) last the and hour and from the causes stated			
by the hos by the hos ERAL DIREC e detoched Stote Dept		776. SIGNATURE Sylvet Sy	At Eden, MI	DEGREE ATTENDING PHYSICIAN	MEDICAL STAI				
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DHMH - 16 60M 7/84 (VRA 15, 4)	24 FI	Aylor, FUNERAL	Chape FANNA	POIS, MAC 3	1007	25b REGISTRAR'S SIGNATURE			



## STATE OF MARYLAND

	1,	FOR	DEPARTME	NT OF HEALTH AND MENTAL HY	GIENE	MITES THE STATE OF THE STATE OF
070075 050	1.	- STATE - REGISTRAR		CERTIFICATE OF DEATH	B RG. NO	3 3 7 1 1
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A 1 11	3. SE			5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRT	
10 4 48	1	1	1.31 1.0	- MONTH DAY YEAR	0	MONTHS DAYS HOURS MIN
- 10 Miles	2.0	IRTHPLACE (STATE OR FOREIGN )	White	July 13, 1896	9 BALTIMORE CITY OF	YRS
100 200	T'0 0	IRTHPLACE (STATE OR FOREIGN )	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	A BALTIMORE CITY OF	COUNTY OF BEATH
		Ibryland		WIDOWED DIVORCED	Ahne A	-RUNdel MD
4 1100	10 0	ITY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSING		120 USUAL OCCUPATION	
5 N = 51 /8	JF	deewaler, Mdi	Tleasant L	ving Con. Center	Homemo	iker Home
2 1 11 1		AL RESIDENCE (IF NURSING HOME OR C	THER INSTITUTION GIVE RESIDENCE BEFORE AT	MISSION) 13d INSIDE CITY LIMITS?	134 STREET ADDRESS	ZIP CODE 21637
DON S E	In	ID AF			144 (1)ash	incton Road
1 130.60	JA.F	ATHER'S NAME	IDDIE LAST	15 MOTHER'S MAIDEN NA		0
AA 5 5 5 0 0 /	1	TASPON "	Sheahend	BESSIE	WIDDLE	Higgins
# 1 31 87	lóa '	WAS DECEASED EVER IN U.S. ARM			ADDRE	5800 GHENOCK Rd
OW 1 10 2	1	JINKNOWN) (IF YES, GIVE	220.46-6	376 Juseph Ce	Illinson J.	r-Lothian mo 20711
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15 1 00 1	1	IMMEDIATE	CAUSE (a) CARAGO			
0 # p			DUE TO, OR AS A CONSEQUEN	FSEUD		
A de	-	Canditians, if any, which gave rise to immediate	(b)			
3 1 1111		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUEN	CE OF		
to the page of the core			( (c)			
Mary and a second	z	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DE	ATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONE	ITION GIVEN IN PART To
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9 4 4 4	1 3	190 DATE OF OPERATION	196 CONDITION FOR WHICH O	PERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
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OF VITAL  CLAN. The physicia printicate is physicia printing the physicia	8	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	216. TIME OF INJURY HOUR A.M. MONTH DAY	YEAR 21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2)
0 20 1011	15	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19		
O + 5 + 1 + 1 + 1	MEDIC	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE FAR:	211 LOCATION	CITY OR TO	WN COUNTY STATE
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A Post of the state of the stat		220 I certify that the this hospita	al) attended the deceased from	, 19	, to	, 19 that (I) (we) last
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5 5 5 4 F	226	BURIAL, CREMATION, REMOVAL	400	ME OF CEMETERY OR CREMATORY	23d LOCATION	mapons, mil
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DHMH - 16 60M 7/114	1	TAME TO TIMOM	1/1/1 1 reports	2-11-21-11-11-11-11		256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7 714

(VRA 15, 4)

18 KARE 5 5 8 8 7 1 The reservoir and the control of the WENTER THE PROPERTY OF THE RESIDENCE all the parties of the product of the state Charles The Log with There Will I'M and I will I would

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

87	FOR STATE REGISTRAR			DEPARTA		EALTH AND ME		ENE B TREG.	NO. 3	3	7	1	2		
	EASED NAME	FIRST	A	AIDDLE	i	.AST		20 DATE OF DEATH	MONTH	DAY	YEAR	26 HOL			
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3. SEX	(		4 RACE		5. DATE C			6. AGE (IN YEARS LAST BRINDAY) IF UNDER 1 YEAR IF UNDER 2.							
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	MARYLAND		U.S.	Α.	WIDOWE			Anne Arundel County							
10 CT	TY OR TOWN OF DEA	тн	11. NAME OF H	HOSPITAL, NURSIN	IG HOME C	OR OTHER INSTITU	MOITE	126 USUAL OCCUPATION 126 KIND OF BUSINES							
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USUA 13a S		ING HOME OR			E RESIDENCE BEFORE ADMISSION)				5 / 7IB COD		001.	7	.0400		
	aryland	A.A		Linthicu		1	O K	38 Govern			210	90			
_	THER'S NAME					15 MOTHER'S M	AIDEN NAM								
	John		Harry	Cox		Sar	ah	MIDDLE			Gan	tt			
	AS DECEASED EVER	IN U.S. AR	MED FORCES?	166 SOCIAL SECU	IRITY NO.	17 INFORMANT		ADD	RESS	-					
(1	NO OR UNKNOWN)	(IF YES GIVE	E WAR OR DATES)	213-05-7835 Joseph W. Cox 38 Governo											
	18 CAUSE OF DEATH W PART I. DEATH W Conditions, if ony,	AS CAUSE!	Ó BY: E CAUSE (o)	R AS A CONSECUE	011	Metastas	as d	Lung		. 6	APPROXU	mate inte	DEATH		
NOI	gove rise to immediate couse (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN								IVEN IN F	EN IN PART IIO					
TIFICAT	196 DATE OF OPERAT	ION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORM	NED	200 AUTOPSY?	IN CERT		S, WERE FINDINGS USED YING CAUSES OF DEATH? S \( \text{NO} \)				
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	726 SIGNATURE  THE PROPRICIAN'S NO.  J. Nels	Son Mc		nokaz	M		ENDING &		SICIAN [	22	Date	3/	987		
	ORIAL CREMATION,	REMOVAL	23h DATE	73c t	NAME OF C	EMETERY OR CRE	MATORY	234 LOCATION		COUN	ira .				
	Buria	al	12/5/	87 Ne				ry Baltim			M	iary!	land		
24 FL	INERAL DIRECTOR				23	1229	250 DATE	RECO. BY REGISTRA	AR 256 REGIS	TRAR'S	TALE	RE			

DHMH - 16 60M 7/84 (VRA 15, 4)

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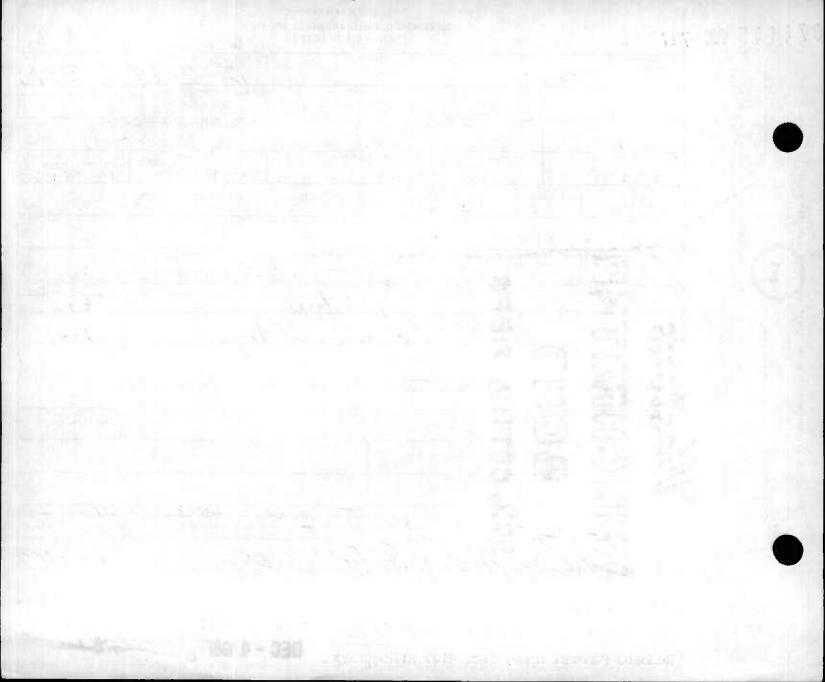
ony injury, or other troumotic event, the

MPORTANT # been 21 is marked or hem 18 shows

24 FUNERAL DIRECTOR

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

REGISTRAR 256 REGISTRAR'S SIGNATURE



7	ls 1	4 2	DEC	-7	8 <del>1</del> -	FOR STATE REGISTRAR			DEPART	MENT OF	E OF MARYL EALTH AND ICATE OF	MENTAL HYG	9 7	EG. NO.	3 7	EST
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		may	after de		3. SE)	(	4.	RACE		5 DATE (		YEAR	6. AGE (IN YEARS	LAST BIRTHDAY)	IF UNDER I YEAR	
		ge 4	ors of			lale		White		May	5	1946	41	YRS		
		oth. Po	72 ho	5	(	RTHPLACE (STATE OR F COUNTRY) INNSYLVANIA		U.S.A	WHAT COUNTRY	8. MARRIE WIDOW!		MARRIED D	9. BALTIMORE C	ARUNDE	L COUNT	Y
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OCIC ON A IVA A MA		6 24 hou	filled in		130. S Mar	yland	13b. COUNTY		GIVE RESIDENCE BEFO 13c. CITY OR TOV Glen Bur	NN	YES 🗌	CITY LIMITS?	13e STREET ADD 474 Wes		21	061
		ecuted with		0		Donald	MID	L.	Crawmen		Ma		Jane		Bohn	.51
PALTIMOBE		De execu	Poges			VAS DECEASED EVER ES, NO OR UNKNOWN)	IN U.S. ARME I (IF YES, GIVE W N/A	AR OR DATES)	166. SOCIAL SEC 217.44.8			ANT (Wife Karen S	e) . Crawme:	r Same a		
TO NOTO SEE AN		that the death certificate	ed by the attending physicion in the second companies. It is a second companies of the second companies of the second the companies of the second the seco			PART 1 DEATH W  Conditions, if ony, gave rise to imm cause (a), statin underlying couse	which state of the	DUE TO, OR	R AS A CONSEQUE	JENCE OF	am	est				XMATE INTERVAL ONSET AND DEATH MUTTLES
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		ATTEN	CTOR:	2		saw the decease above, (1) (we) (c				. 0			death occurred on	the date and h	our and from the	couses stated
		ITAL OR	RAL DIRE detoched Stote Dept			22d PHYSICIAN'S NA	7h	nde	2'en		DEGREE		MEDICAL DIRECTOR DE		12-	1-87
		O HOSP etained	TO FUNERA should be d with the Sto	1	22	JEFFREY	SCHMII	DLEIN,		NAME OF	SE	VERNA PA		21146		

DHMH - 16 50M 1/81 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial 236. DATE Dec. 3,1987

24 FUNERAL DIRECTOR

Singleton Funeral Home, Glen Burnie, Maryland

23c. NAME OF CEMETERY OR CREMATORY

Meadowbranch Cem.

SEVERNA PARK, MD 21146 23d LOCATION

> Westminster Carroll Maryland CITY OF TOWN BY REGISTRAR 256. REGISTRAR'S SIGNATURE

25a. DATE REC

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FOR

DEPARTMENT OF HEAD	LTH AND	MENTAL	HYGIE

8	IREG. NO.	3	3	7	1	
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3. SEX FEMA 76. BIRTH MARY 10. CITY C ANNA USUAL R 136. STAT MARY	HPLACE (STATE OR FOREIGN  TIAND  OR TOWN OF DEATH  POLIS	4. RACE BLACK  7b. CITIZEN OF WHAT COUNTR' U.S.A.  11. NAME OF HOSPITAL, NURS	S. DATE C	27 1915  D XXNEVER MARRIED	6. AGE (IN YEARS LAST BIRT 72 9. BALTIMORE CITY O	MONTH DAY YEAR  13 87  IHDAY  IF UNDER 1 YE  MONTHS DA  YRS  R COUNTY OF DEATH	G FO	
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ANNA USUAL R 130 STAT MARY	POLIS	11. NAME OF HOSPITAL, NURS		UIVORCED	ANNE AR	UNDEL COUNT		
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IN PAINE	FIRST ROBERT	MIDDLE CROWNE	R, Sr.	15 MOTHER'S MAIDEN NAI	EANOR MIDOLE	DAY	vis	
IYES, N	S DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SE	CURITY NO	ORVELL HUTTO	dgewater, M	ontee Wharf Rd.		
PA	gave rise to immediate cause (o), stating the underlying cause lost.  ART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEC (c) TWO TA CONDITIONS CONTRIBUTING TO	ASSE .	Lund CA		DITION GIVEN IN PART	lia	
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CAL	G. ACCIDENT WAS UNDERLYING [ R CONTRIBUTING ] CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE  INJURY OCCURRED	R) HOUR A.M. MONTH P.M.  21e. PLACE OF INJURY	19	211 LOCATION	RED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART I ORPART	2)	
AT	WORK NOT WHILE AT WORK	(AT HOME STREET, FACTORY OFFIC		STREET NO. 87	to	-	STATE	
220	sow the deceased alive or above, (1) (we) (did) (did no	oital) ottended the deceased from  19-27 at) view the body after death	\$7,00	nd that in (my) (our) opinion		ate and hour and Irom		
	Th. SIGNATURE	. 0		DEGREE			ATE SIGNED	
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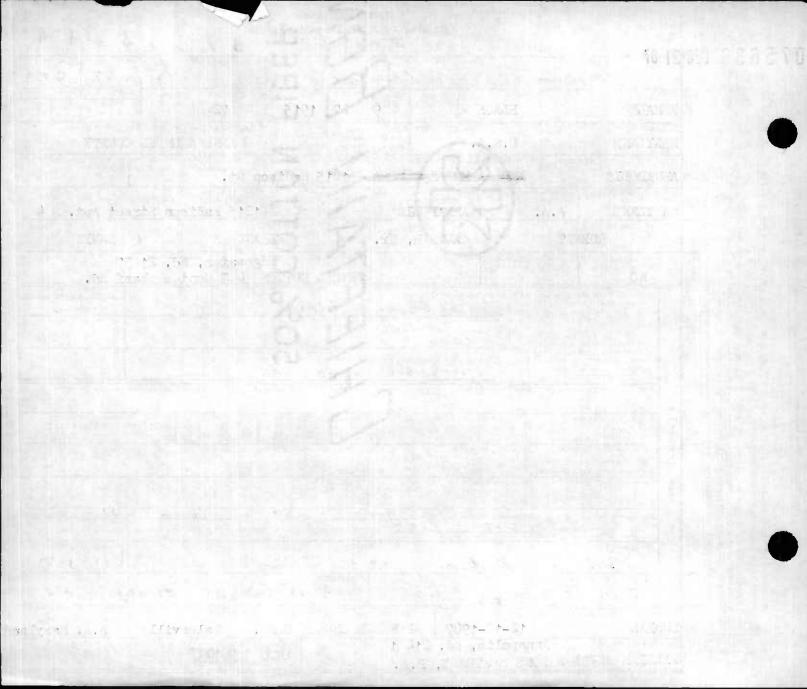
DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

A.A. Maryland

REESE & SCNS MORTUARY, P.A. 24 FUNERAL DIRECTOR

25 DETERECTO. BY REGISTRAR 256 JEGISTRAR SIGNATURE



					STATE OF MARYLAND		
7700		.1.	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL HY	GIENE	
J / 6 U	7 DEC 24	87	REGISTRAR		CERTIFICATE OF DEATH	B / REG. NO.	3 3 7 1 5
		I. DE	CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONT	
	oy be oge 3 death	(TYPE	Guy		Damma	17.	19 87 8 am
	moy l	3. SE.		14. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MISS
	4 m	3. 3E.	- 1	T. RACE	MONTH DAY YEAR	10	MONTHS DAYS HOURS MIN.
	Page direct	_	Male	White	Jan. 2,1935		YRS.
	G 000	1. 1.	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR CO	OUNTY OF DEATH
	1/100	(L)	estVinginia	USA	WIDOWED DIVORCED		undel MD.
	1 17 10	10. C	TY OR TOWN OF BEATH	11. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTION	12a. USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WOR	126 KIND OF BUSINESS OR
56X		14	nnapolis	Anne Arunde	General Hospital	Contractor	. 1()
212	be in be	USU	AL RESIDENCE (IF NURSING HOME OF TATE 136. COU	R OTHER INSTITUTION, GIVE RESIDENCE BEFOR	RE ADMISSION)	To the second second	4
2	24		ni) A	HONGOO		300 Ceda	rlane 21403
YLA	within		THER'S NAME		15. MOTHER'S MAIDEN NA	ME	4 440 1 2 3
× ×	ond Shin		I FIRST Lhans	MIDDLE	FIRST	MIDDLE	LAST
m, ≶		16a V	VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SEC		ADDRESS	
ŏ	ond ond		ET NO OR UNKNOWN] JIF YES, G	IVE WAR OR DATES)	- Sesa Nami R	1	sameas
NE NE	be rs. P		Tes IKO	rean 1335.29	-2891 1100WI 14.	nameou-	7113
8 B	certificate be execund physician and corbon papers. Pages I remanalicie event, the medical		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one couse per line for (a), (b), a	1 1	L ( .	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST.,	ding physical or remayor or remay			TE CAUSE (a) Cere I'm	vuscular dist	ise of comm	Pays
N O	6 000 5			DUE TO, OR AS A CONSEQU		- 1 to	V
EST	death attend ave co stion, o		Conditions, if ony, which	( (b) MU	iple Cerebral	Intarets	Yrs
<u>a.</u>	y the atten y the atten se remaye o cremation, ither traumo		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQU	JENCE OF		
3	that d by ease ol, cr		underlying cause last.		interilis hode	056	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	8 0 0 5		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITIO	ON GIVEN IN PART 110
RDS	The to	S S	1) Diahetes 2	) Renal Failure	3) Aplastic ane	mia 20 cytox	nn
0	nn. has been permit. T	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b.	IF YES, WERE FINDINGS USED
LRE	0 0 0 0 0	Ĕ				YES TO NOTE	CERTIFYING CAUSES OF DEATH?  YES \( \bigcap  \text{NO} \( \bigcap \)
TTA.	S S S S S	8	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN IT	
-F	SICIAN 19 phy and phy and phy ariol-trice entol them are also and are are also and are		OR CONTRIBUTING CAUSE OF DE				
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1510	d d d d	¥.	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC ) STREET	CITY OR TOWN	COUNTY STATE
Ž	Z . + 0 = 0		AT WORK AT WORK	200 - 1	+ 89	12/19	\$7 16211
				pital) attended the deceased from		denth occurred on the date of	nd hour and from the causes stated
	R ATTEN haspital RECTOR hed for u spt. of Hi		obove (I) we) (did (did n	or) view the body after death.	DEGREE	debiti decorred within dole of	22c, DATE SIGNED
	OR ATTEN ne haspital DIRECTOR: ached for us Dept. of He		TA SIGNATURE	141	ATTENDING	MEDICAL STAFF	12 / 1915
	by the by the by the by the control of the by the control of the control of the by the		markellen	of 10 ologed	PHYSICIAN	DIRECTOR PHYSICIAN	0 191101
	HOSPITAL ined by th FUNERAL wold be dett the Store		THE PHYSICIAN'S NAME (TYPE	-4	22e. ADDRESS	1 1	1 1
	O HOSPITAL OR A etained by the has 10 FUNERAL DIREC should be detached with the State Dept.		George C.	Jamaras	205 KIC19	ely one 1	muzilis, my.
	5 5 7 4 3 ₹	23a E	URIAL, CREMATION, REMOVA	L 236. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COMMENT STATE
	BP	(	Bunal	Ner 23 1987 M	Jaruland Veteran	0 1/	CM AA S
	DHMH - 16 50M 1/81	24 F	INERAL DIRECTOR		J 250 DA		REGISTRADISISISMANDRE
	(VRA 15, 4)	10	allor Funer	al Chapel-H	mapolis, MD UEL	23 1901	

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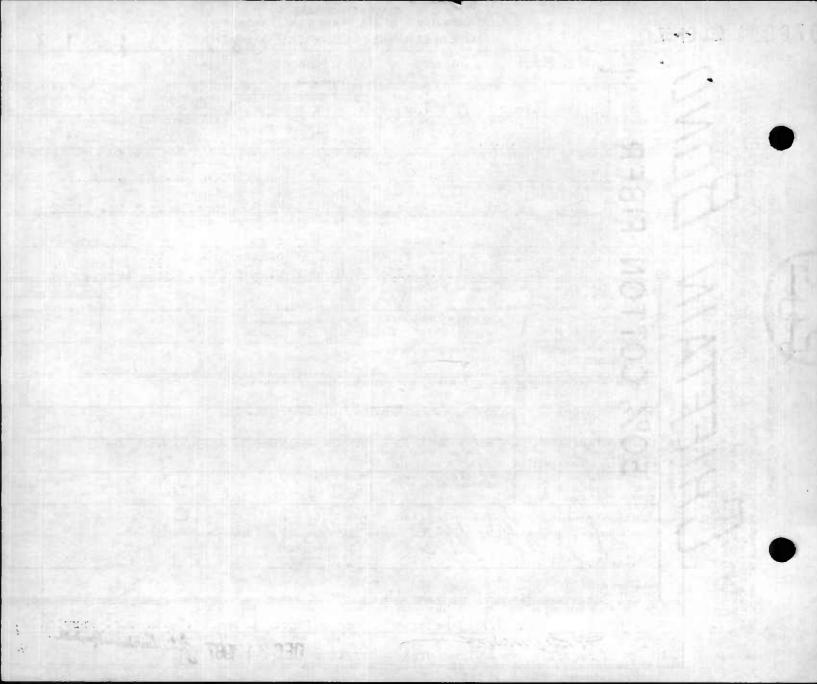
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DHMH - 16 60M 7/ (VRA 15, 4)

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C	5 8	OR STATE REGISTRAR		DEPARTM	ENT OF H	E OF MARYLAND LEALTH AND MENTAL HYGI LICATE OF DEATH	13 7	7	3 7	1 6
	1. DEC	CEASED NAME FIRST		MIDDLE		AST	REG. NO	MONTH DAY	YEAR	2b HOUR
		OR PRINT) Carn	107	J.	110 00		12	.005		LE TIOOK
-	3. SEX		4 RACE	0.	Dar		Dec. 5	1987	NDER I YEAR	IF UNDER 21 HRS
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5	(	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED D	9 BALTIMORE CITY O	COUNTY OF	DEATH	MD
4	10 CT	ty or town of DEATH	(IF NOT IN SUC		HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF Steel WC		NDUSTRY	FBUSINESS OR th.Steel
5	13a. S	TATE 136 COUN	OTHER INSTITUTION	GIVE RESIDENCE BEFORE A 13c. CITY OR TOWN Pasader	ADMISSION)		13e.STREET ADDRESS /	ZIP CODE	21	
0	14. FA	THER'S NAME Joseph -	MIDDLE	Darrigo		IS MOTHER'S MAIDEN NAM		unk	LAST PLACE FOR	
1		AS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECUR	ITY NO.	17 INFORMANT	ADDRE	SS		
1	, ,	TES UNKNOWN (IF YES, GN		193-24-6	597	Mrs, Patrici	a I.Darri	go. San	ne as	above
	TION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost:  PART 2 OTHER SIGNIFICANT (	Ic) CONDITIONS <u>CC</u>	ONTRIBUTING TO DI	SCLEI EATH BUT					
7	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH C	DPERATIO	N WAS PERFORMED	200 AUTOPSY?  YES □ NO□	10b. IF YES, WI IN CERTIFYING YES	G CAUSES	OF DEATH?
9	MEDICAL CER	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	P.	M. MONTH DA' M.	Y YEAR	216 HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I	OR PART 2)	
	MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY REET, FACTORY OFFICE FAI	RM, ETC )	21f LOCATION STREET	CITY OR TOY	VN.	COUNTY	STATE
		27a.1 certify that (1) (this haspi sow the deceased alive on above, (1) (we) (did) (did no		10	, or	nd that in (my) (our) opinion d	, to leath occurred on the da	te and hour and		that (It (we) last couses stated
		226 SIGNATURE	ee		<u>'</u> y	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F IAN []	226 DATE S	SIGNED
		224. PHYSICIAN'S NAME (TYPE O	PRPRINT)	ASAN		606 Hamm	and law,	BAL.	10,1	Vd, 2122
	23a. B	CURIAL CREMATION, REMOVAL Burial	12/8			emetery or crematory Haven Mem.Pk	23d LOCATION GIVERTOWN FIET	urnie,	A.A.	To Md
14	24 FL	INERAL DIRECTOR Mt	& Tic	kneckesRd	ls.		REC'D. BY REGISTRAR	156 REGISTRAR	SSIGNATU	URE

		#	18,21abcde	ef,22aFi	1mG363	ST DEPARTMENT O	ATE OF M	ARYLAND AND MENT	AL HYGIEN	F			
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		1 DE	CEASED NAME	Barbar Barbar	a a	Jean Jean	R E	einhard eBow	t	20 DATE KNOWN OF ESTI- DEATH MATED		-26-, 87	25 HOUR
	PECTOR UR FILES 2 HOUR N STREET	3 SEX	4 RAC	E 5. D	ATE OF BIRTH ONTH DAY NUMBERY 20	YEAR 6 AGE (IN LAST BIRT	YEARS IF UND	DAYS HOUR		PRONOUNCED DEAD	MONTH 12-26	DAY YEAR 5- 1987	8 551
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	AGE	III. CI	ryland	ATH 11	(IF NOT IN SUCH FA	PITAL, NURSING HO			120 USL	JAL OCCUPATION AOST OF WORKING LIFE)	(TYPE OF WORK		SINESS RY
10	A S S S S S S S S S S S S S S S S S S S		Pasadena LI RESIDENCE (IF INNL TATE			STIE ROCK VERESIDENCE BEFORE ADMI  131. CITY OR TOWN		3d INSIDE CITY LIMIT		ers Lic.	Exam.	D.M.V.	
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ORE, A	10 × 10 ×	0	Clyde		DDLE	Jones		Marjor		WIDDLE		Burns	
ALTIM	A GES ON A CONTRACT A		VAS DECEASED EVER E5, NO. OR UNKNOWN) O	IN U.S. ARMED (IF YES, GIVE WAR C N/A		234.72.33		Ronald I		n-Law)ADDR	IZ Midl	and Rd.	2106
RECORDS, 201 W. PRESTO	CERTIFICATE SHOULD BE EXECUTED WITHIN 24 ITING THE WORD "PENDING" IN PENCIL IN ITE DED TO THE CHIEF MEDICAL EXAMINER ALONGED TO THE USED AS A BURIAL - TRANSIT PER DEPARTMENT OF HEALTH AND MENTAL HYGIEL I PRIOR TO BURIAL, CREMATION, OR REMOVAL	No	Conditions, if gave rise to couse (a) stating lying couse lost	immediate the <u>under-</u>	(b) DUE TO, OR (c)	AS A CONSEQUENCE AS A CONSEQUENCE BUT NOT RELATED TO THE TO	E OF						
	SHOULD BOND "PEN CHIEF ME E USED AS TOF HEAL OR HALL	CERTIFICATION	190. DATE OF OPERA	ATION	19b. CONDI	TION FOR WHICH OP	ERATION WA	S PERFORMED?				20 AUTOPSY?	NO [
DIVISION OF VITAL	IG THE WORLD BE SHOULD BE SHOULD BE SHOULD BE SHOULD BE SHOWN SHOR TO BE	MEDICAL CER	216 EXTERNAL CAU UNDERLYING CONTRIBUTING	OR CAUSE OF DEAT	21b. TIME OF HOUR A.M P.M	12-26 198	AR	ject too		NATURE OF INJURY IN ITE	M 18 PART T OR PAR	2)	
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•	TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WIS PAGE 4 SHOULD BE FORWAR TO FUNERAL DIRECTOR; PAGE A SHOULD BE AFTER DEATH, WITH THE STATINGORE, MARYLAND, 2123		death resultest from	11/	100	cribed above, held or	Autopsy Spicide (A)	Homicide TITLE (SPECIF)	Y)	Inquiry ,	ond in my op , DATE	12-27	<b>-</b> 87
	MEDICA CUTE TH SE 4 SH FUNERA ER DEATI	1	EXAMINER'S NAME	Char	les P.	Kokes,M.D.		/·	MED	Street, B	signe altimor		201
07/84	8P 9 4 9	1 11	URIAL, CREMATION, F			23c NAME OF C	EMETERY OR	CREMATORY	CITY	CATION ORTOWN Onsville	A.A.Co.	Maryla	ate nd
25M	DHMH - 17 (VR A15 ME (5))	24 F Si	ngleton Fi			en Burnie			C 3 1	REGISTRAR 756 R	REPORT RES	Constitution of the last	-



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO. & 20. DATE KNOWN 26 HOUR OF ESTI-DEATH MATED 28 HOUR DATE OF BIRTH IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED OUR MONTHS 34RS DEAD 9 BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED FOREIGN COUNTRY United States Maryland DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY Policeman A.A. County BEITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRES 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST FIRST Car1 Shives Malcolm Mary Ann Deneen, Sr. 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES 21700fd Magothy BridgeRd Pasadena, MD 21122 66 SOCIAL SECURITY NO No 216-78-7589 Mary Ann Deneen EXAMINER ALONG WI IAL-TRANSIT PERMIT, F MENTAL HYGIENE, DIV, OR REMOVAL. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. BURIAL AND ME PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 SED AS A BENT OF HEALTH A 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO I EXECUTE THE CERTIFICATE, WRITING THE WOS PAGE 4 SHOULD BE FORWARDED TO THE CI TO FUNEARL DIRECTOR, PAGE 3 SHOULD BE AFFER DEATH, WITH THE STATE DEPARTMENT BAETTMORE, MARYLAND, 21201 PRIOR TO BUT BAETTMORE, MARYLAND, 21201 PRIOR TO BUT 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED SENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 23 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21d INJURY OCCURRED 211. LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE 220 I certify that I took charge of the remains described above, held an and in my opinian Suicide X death resulted fram: Natural causes Undetermined manner EXAMINER'S NAME TYPE OR PRINT Glen Haven Cemetery 87 Glen Burnie, A.A., MI 07/84 25M 254 DATE REC'D. BY REGISTRAR 166 REGISTRAR'S SIGN **DHMH** - 17 SEVERNA PARK, MD. (VR A15 ME (5)) BOB

071310 OEC-367 EARLY PIRALLY DEMONSTRATE VE E E 111 (100 1 37 53 34) 12 2 57 1901 44 Several PK Home Ald A. Servan M. & Ble Mexical Pet GISWICE PLANT. cepture that a control of Millian Peters 1835 Americal Trops

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) OF ESTI-AL DIRECTOR. DUR FILES. N 72 HOURS DEATH MATED AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE MONTH LAST BIRTHDAY) PRONOUNCED (2)7/5 DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY NEVER MARRIED Michigan USA DIVORCED Anne Arundel County 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY 600 Marshall Road Homemaker BALTIMORE, MD. 21201 13a STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Anne Arunde: 600 Marshall Road, 21061 Maryland Glen Burnie NO X 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIDDLE Leonard Lucille Blank St. Peter 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166. SOCIAL SECURITY NO DIVISION (YES, NO. OR UNKNOWN) No 374-22-8781 James M. Doyle, 600 Marshall Road 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and ( EXECUTE THE CRRITIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18.

PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W.

FOR **UNERAL DIRECTOR:** PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT.

AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, D.

BAILTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 71a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 71d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION AT WORK AT WORLE STREET, FACTORY, FARM FIC 1 CITY OF TOWN COUNTY STATE 220 I certify that I took charge of the remains described above, held on Inspection Natural causes death resulted fram: Accident Hamicide . Undetermined manner TITLE (SPECIFY EXAMINER'S NAME William P Joes ADDRESS 695 (TYPE OR PRINT) America Crt. Davidsonville 21035 230. BURIAL, CREMATION, REMOVAL 23b DATE 23¢ NAME OF CEMETERY OR CREMATORY Burial 12/9/87 Crownsville VA CemeteryCrownsville 07:84 A.A. Maryland 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1956 REGISTRAR'S SIGNATURE **DHMH - 17** Hubbard Funeral Home, INc., 4107 Wilkens Ave. (VR A15 ME (5))

1001 10 1 13 170 MARY STELLE DEYLE Deputy of the State of the Stat

074	2 1 0 DEC -	7 8 7 8	TREGISTRAR
3	. 64	70. BIII MA 10 CI USUA 130. S MA 14. FA	MALE RITHPLACE ISTATE OR COUNTRY) ARYLAND TY OR TOWN OF DE GLEN BURNI
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	Spiral OR ATTENDING PHYSICIAN: The low requires that the death certific within 24 hours of the control of by the hospital or ottending physician.  NERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the invital director, page be detached for use as the buriot-transpremal: howeve condomposits. Pages I and 2 should be that of Mariot prinar to buriot, cremotion, or removal.  TANT: If hem 21 is marked or item 18 shows any injury, or other traumottic event, the medical examples that the control of the co	MEDICAL CERTIFICATION	Conditions, if ony gove rise to im couse Iol, stofi underlying coust Iol, stofi underlying Iol, stofi unde

BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH MIDDLE LAST 20. DATE OF DEATH YEAR 76 HOUR FIRST JOHN WALTON EAST DECEMBER 1987 IF UNDER TYEAR IF UNDER 74 HRS 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) MONTH DAY YEAR WHITE 8 11 04 83 9. BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? FOREIGN MARRIED NEVER MARRIED WIDOWED DIVORCED [] ANNE ARUNDEI 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION ATH 17e LISUAL OCCUPATION 17b. KIND OF BUSINESS OR I IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY NORTH ARUNDEL HOSPITAL MACHINIST WESTINGHOUSE SING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13e. STREET ADDRESS 13c. CITY OR TOWN 134 INSIDE CITY LIMITS? A.A. GLEN BURNIE 114 COUNTRY CLUB DRIVE 21061 NO K 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST FIRST W. EAST **EMMA** MARIE UNKNOWN ADDRESS IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17 INFORMANT 21061 (IF YES, GIVE WAR OR DATES) 212-05-3618 114 COUNTRY CLUB DRIVE APPROXIMATE INTERVAL 'H (Enter only one couse per line for (a), (b), and (c),) VAS CAUSED BY ongestare IMMEDIATE CAUSE ACONSEQUENCE OF m406 , which mediate ng the DUE TO, OR AS A CONSEQUENCE OF lost INIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20e AUTOPSY? 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOM YES | NO [ DERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART I OR PART 2 HOUR A.M. MONTH DAY YEAR CAUSE OF DEATH CAL EXAMINER 211 LOCATION RED 21e. PLACE OF INJURY COUNTY STATE STREET CITY OR TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC ) HHE ) (this hospital) ottended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the causes stated did) (did not) view the body after death DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN TO DIRECTOR PHYSICIAN 77e ADDRESS AME (TYPE OR PRINT) 95 AOUAHART ROAD CLEN BUDNIE MARYLAND 21061 CANC C DOLL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL CREMATION REMOVAL 23b. DATE CITY OR TOWN (SPECIFY) 12/4/87 BURTAL LOUDON PARK CEMETERY BALTIMORE MARYL AND

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 21229 HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE

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within 24 haurs ofter

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	/ REG.	NO.	3	3	7	2	E
DATE	OF DEATH	MC	нТи	DAY	YEAR	26 F	OUF

	1-	FOR STATE REGISTRAR	DEPA		HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO.	3 7 2 Etc			
87		CEASED NAME FIRST	WIDDLE		LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR			
	(TYPE	JACK	LAWRENCE	EHRI	TCH	DECEMBER 01	. 1987 0402 P			
	3. SE		4. RACE		OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS			
	MA	LE	WHITE	AUC	3. 8, DAY 1923 AR	64 YRS.	MONTHS DAYS HOURS MIN			
2		RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTE		X C	I BALTIMORE CITY OR COUNTY OF DEATH				
X	M	ISSOURI	USA	WIDOW		ANNE ARUNDE	ARUNDEL COUNTY ME			
11	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR		OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	126. KIND OF BUSINESS OF			
7		GLEN BURNIE	NORTH ARUND	EL HOSE	PITAL	TNG. COORDINATOR	US ARMY			
5	13e. S	TATE 13b. CC	E OR OTHER INSTITUTION, GIVE RESIDENCE BE DUNTY 130. CITY OR TO NNE ARUNDEL SEV	NWC	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 7838 STATESMAN	N ST. 21144			
5	14. FA	THER'S NAME EIRST SAMUEL	MIDDLE EHRLICH LAST		15. MOTHER'S MAIDEN NA SADIE		LAST			
7		VAS DECEASED EVER IN U.S.		CURITY NO.		RUTH E.ADERIRLICH				
	(	YES WW ]	II - ARMY 500-1	8-6110		MAN ST. SEWERN,				
		18 CAUSE OF DEATH (Enter	r only one cause per line for (a), (b),	and Ici.)		Porelion Fic Heart Disea	APPROXIMATE INTERVAL			
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9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICALEXAM	DEATH HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART ( OR PART 2)			
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	¥	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, GEFT	CE, EARM, ETC.)	1 00	7 1 100	7			
			pospital) attended the deceased from 17,1918 digitally view the body after death.	87.	and that in (my) (our) opinion	death occurred on the date and ho	49, that (I) (we) law ond from the couses stated			
		226 SIGNATURE	milale, 1.	かの、	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	Dec 1, 198			
Z			OH TALER, I			AQUAHART ROAD	061			
		EMOVAL/BURIAL		3c. NAME OF	CEMETERY OF CHEMATORY	731 AOCATION CITY OR TOWN	COUNTY STATE			
1	_		SOL LEVINSON & B	ROS T	A KADISHA	ST. LOUIS TE REC'D. BY REGISTRAR 256. REGIS	MISSOURI TRAR'S SIGNATURE			
		NAME	OWN RD RAITO	13	TOP (	7 1087	Matter Associate			

DHMH - 16 50M 1/8I (VRA 15, 4)

6010 REISTERSTOWN RD

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low retoined by the hospital or attending physician.

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DHMH - 16 50M 1/81 (VRA 15, 4)

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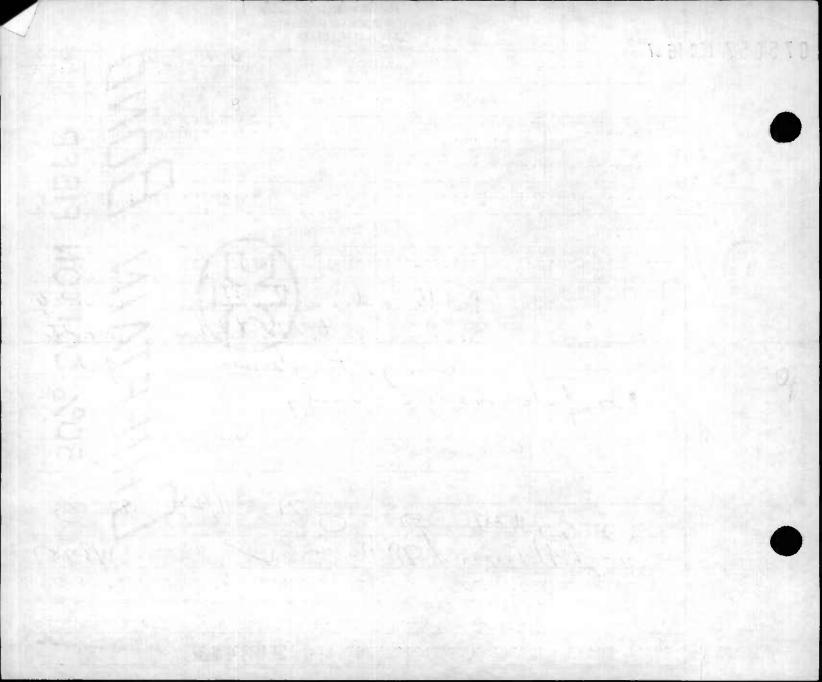
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STATE OF MARYLAND

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0	4. FA	THER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN N				LAST
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/ F	-			III	220-05-		MARGARET I.	EISENLOHR	/ 4CD		DXIMATE INTERVAL IN ONSET AND DEAT
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		Conditions, if a gove rise to couse (a), ste	immediate of the	DUE TO, C	OR AS A CONSEQ	UENCE OF	The of	0	/ /	C	/
		underlying co	use lost.	(c)_							
	NO	PART 2 OTHER S	IGNIFICANT (	CONDITIONS <u>C</u>	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CO	NDITION G	GIVEN IN PART	1(0
9	CERTIFICATION	196 DATE OF OPE	RATION	196 CONE	OITION FOR WHIC	H OPERATIO	ON WAS PERFORMED	YES NO	IN CER	YES, WERE FINE TIFYING CAUS YES []	
XI.	8	21a. ACCIDENT WAS	UNDERLYING		OF INJURY		214 HOW INJURY OCCU	IRRED (ENTER NATURE OF IN	JURY IN ITEM II	B PART I OR PART 2	)
11		OR CONTRIBUTING	_	NI II	.M. MONTH						
/	MEDICAL	214 INJURY OCC	MT-0-		OF INJURY	19	21f LOCATION				
	¥	WHILE NO	WHILE	(AT HOME, S	TREET, FACTORY, OFFICE	E, FARM, ETC }	STREET	CITY OR	NWOT	COUNTY	STATE
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		obove, (I) (we	eased olive on e) (did) (did no	ot) view the bod	y ofter deoth.	0	nd that in (my) (our) opinio	n death occurred on the	dote and h	our and from the	he couses stated
		226. SIGNATURE	See.	kar	an-	ار -	DEGREE  ATTENDING PHYSICIAN	MEDICAL ST	AFF	22c. DA	TE SIGNED
-/		228 PHYSICIAN'S	NAME ITYPE	OR PRINT)			220 ADDRESS	DIRECTOR   TITLE	IICIAI 1	1,	
					11/7 11	1					
1		BASKARA	M.	SAM B	HV I H		18455 Baltim		1 Pik	e	
		URIAL, CREMATIC	N, REMOVAL	23b. DATE	230	NAME OF	CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
				23b. DATE 12/15			PARK CEMETER	CITY OR TOWN	RE		STATE MARYT A
	(:	PEC IFY)	AL			OUDON	PARK CEMETER	CITY OR TOWN		COUNTY	MARYLA

•	r death Page 4	funeral director
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certifical becaused within 24 hours after death. Page 4 retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the offending the contract of the by the funeral director should be detached for use as the burial-transit permit. Then please remove carbaments in the contract of though be filed within 72 hours of
DIVISION OF VI	TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or ottending physician.	TO FUNERAL DIRECTOR: After this certifical should be detoched for use as the burial-tran

E (	E 7	חבר	1	FOR - STATE , REGISTRAR	DEPARTM	MENT OF HEALTH AND MENTAL HY  CERTIFICATE OF DEATH	GIENE REG. NO.					
death Page 4 may be norman director. page 3 Control director death of the control				ECCASED NAME FIRST PHILII	D	ERSHLER	NOVEMBER 28,	100				
			3 SI	MALE	4 RACE CAUCASIAN	5. Date of Birth  DEC 9 1888 YEAR	6 AGE (IN YEARS LAST BIRTHDAY) 98	IF UNDER LYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.				
			70.5	NEW YORK	76 CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	D BALTIMORE CITY OF COUNTY					
s ofter d	by the fu	1	17	NNAPOLIS	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	126 USUAL OCCUPATION 126 KIND OF BUSINESS OR 11CH WYER OST OF WSELF EMPLOYED					
24 hour	fulled in bould be t	The state of the s			OTHER INSTITUTION GIVE RESIDENCE BEFORE		13°FBGOPHARMONY	E LANE 21401				
a within pletely f				ATHER'S NAME JNKNÖWN	MIDDLE LAST	UNKNOWN	AME MIDDLE	LAST				
	3	17	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS SAMUEL JASKILKA 1306 HARMONY LANE								
nicote b	physicia	mosal.			ly one cause per line for (a), (b) joke D BY: E CAUSE (a)	carbia and	hymthra.	BETWEEN ONSET AND DEATH				
death cer	tending ve carbo	ian, ar r		Conditions, if ony, which	DUE TO, OR AS A CONSEQUE	Cornestor &	ent talus	mente				
thot the	by the o	ol, cremot r other tro		gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE	NCE OF othersal	erosis	yes.				
equires	n signed Then ple	r to buric injury, or	N O	PART 2 OTHER SIGNIFICANT OF	12 Aulan disens & fleeling							
The law	has been it permit.	shows any	CERTIFICATION	FIS DATE OF OFERATION		OPERATION WAS PERFORMED /	YES NO YE	S. WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO				
SICIAN:	ertificate	ental Hygie frem 18 sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	AY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18:	PART I OR PART 2)				
VG PHYS	fter this os the bu	h and M	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE F.	ARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE				
TTEND	CTOR: A	of Healt		saw the decreased performan	tol) oftended the deceosed from 19 8	, and that is (my) bur) opinion	n death occurred on the date and have	19				
AL OR A	AL DIRE	ote Dept		THE SENATURE	1. Frent		MEDICAL STAFF	11/30/87				
HOSPII	TO FUNER	MPORTANT	1	OSEPH FRI		205 RIDGL	EY AVE. ANNAPO	LIS, MARYLAND				
-	P	· · · · ·		BURIAL, CREMATION, REMOVAL (SPECIFY) CREMATION				FAX VIRGINIA				
DHA	NH - 16 6 (VRA 15		24	FUNERAL DIRECTOR	UNERAL HOMEORES 1 2	212 WEST ST. 250 DA	TE REC'D. BY REGISTRAR 256. REGISTECT STATES	TRAR'S SIGNATURE				



SCHIMUNEK FUNERAL HOME, Balto, Md. 21213

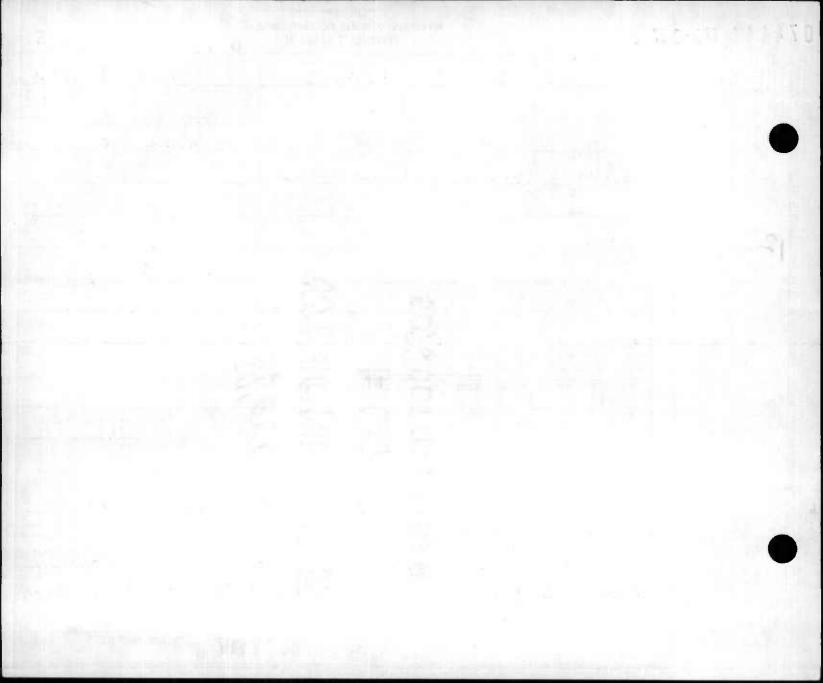
(VRA 15, 4)

THE PROPERTY OF 

2001 Flatbush Avenue, Brooklyn, NY 11234

16 50M 1/8 (VRA 15, 4)

## STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REG. NO. 20. DATE OF DEATH 26 HOUR Fernous 20 12-2-8 IF UNDER 24 HR 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) MONTH February 14, 1904 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED HUNE ALUNDES WIDOWEDX DIVORCED | NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR ITYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY 1 rampa Comeral Own Home Homemaker 13e. STREET ADDRESS 134. INSIDE CITY LIMITS? 1921 Gerritsen Avenue YES T NO [ 15. MOTHER'S MAIDEN NAME MIDDLE Violet Walsh Bernadette ADDRESS 17 INFORMANT 1237 Taylor Avenue Marilyn Ditta, Arnold, MD APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g 20e AUTOPSY? 206. IF YES, WERE FINDINGS USED 196. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO IT NO 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 211 LOCATION CITY OR TOWN COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (SPECIFY) CITY OR TOWN Burial 12-5-87 Holy Cross Cemetery Brooklyn, New York 24 FUNERAL DIRECTOR John J. McManus, & Sons F. H.



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TO HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the hospital or attending physicion.

## STATE OF MARYLAND

DEPAR

TMENT	OF	HEALTH	AND	MENTAL	HYGIENI
CE	RTI	FICATI	E OF	DEATH	

c bl	FOR STATE	DEP		LTH AND MENTAL HYG ATE OF DEATH	IENE 7 REG. N		3 7	2 <sub>ESP</sub>
1. D	ECEASED NAME FIRST PE OR PRINT) JAMES	JOHN	FETCHO	7 1 1 May 2	DECEMBER	HT/IOM	1987	26 HOUR 0243 PM
3. S	ex Male	4 RACE White	5. DATE OF E	DAY YEAR	6 AGE (IN YEARS LAST BIR	YRS.	FUNDER TYEAR	HOURS MIN.
	BIRTHPLACE ISTATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUN U.S.A.	TRY? 8	NEVER MARRIED	9 BALTIMORE CITY C ANNE AR	_		MD
10.	GLEN BURNIE	11. NAME OF HOSPITAL, NU (IF NOT INSUCH FACILITY GIVE NOR THE ARUNDE	URSING HOME OR OSIREET ADDRESS HOSPITA		17a USUAL OCCUPAT I TYPE OF WORK FOR MOST C Maintenance	Mech.	EI INDUSTRY	of Business or and State
130 Ma	UAL RESIDENCE IN NURSING HOME OR ISTATE  ATTYLISM ANNE FATHER'S NAME		ena '	I. INSIDE CITY LIMITS? 'ES \( \text{NO \( \frac{\text{X}}{\text{N}} \) MOTHER'S MAIDEN NA	13e STREET ADDRESS 7778 Centra	al Ave	7.11	21122
2	Arthur	J. Fetc	ho	Elizabeth	Agnes  ADDR		Quinla	
	(YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)		ns. Barbara				MATE INTERVAL
NO	cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT (	DUE TO, OR AS A CONS		DT RELATED TO THE TERM	NINAL DISEASE OR CON	DITION GIV	EN IN PART 1	a
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION	VAS PERFORMED	20a AUTOPSY?	IN CERTIF	S, WERE FINDI YING CAUSES S	
MEDICAL CER	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAL OF EITHER NOTIFY MEDICAL EXAMINER 216 IN JURY OCCURRED		1 DAY YEAR 19	It. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU		COUNTY	STATE
×	WHILE NOT WHILE AT WORK  270.1 certify that (1) (this hospi	tol) attended the deceased f	rom	a 19 87	, to/2/	76		that (I) (we) last
		t) view the body ofter death.		ATTENDING	MEDICAL STA	FF	ZZc. DATE	SIGNED
1	SANG C. DOH.	M.D.		GLEN BURN			061	
73a	Burial, CREMATION, REMOVAL Burial	Dec. 19,1987		n Mem. Park	Glen Burr	nie A.	A. Mai	yland

Singleton Funeral Home, Glen Burnie, Md.

DHMH - 16 50M 1/81 (VRA 15, 4)

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At the Total of Witherland

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GLEV INDRITE MOREH ANDROID ROPPTAL

TOURS GROWING . TROUBL VELED

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FOR

167STATE

24 FUNERAL DIRECTOR

DHMH - 16 50M 1/81 (VRA 15, 4)

074776 DEC

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

20 DATE OF DEATH

250. DATE REC'D. BY REGISTRAN AM JEGISTRAN

YEAR

30

MD

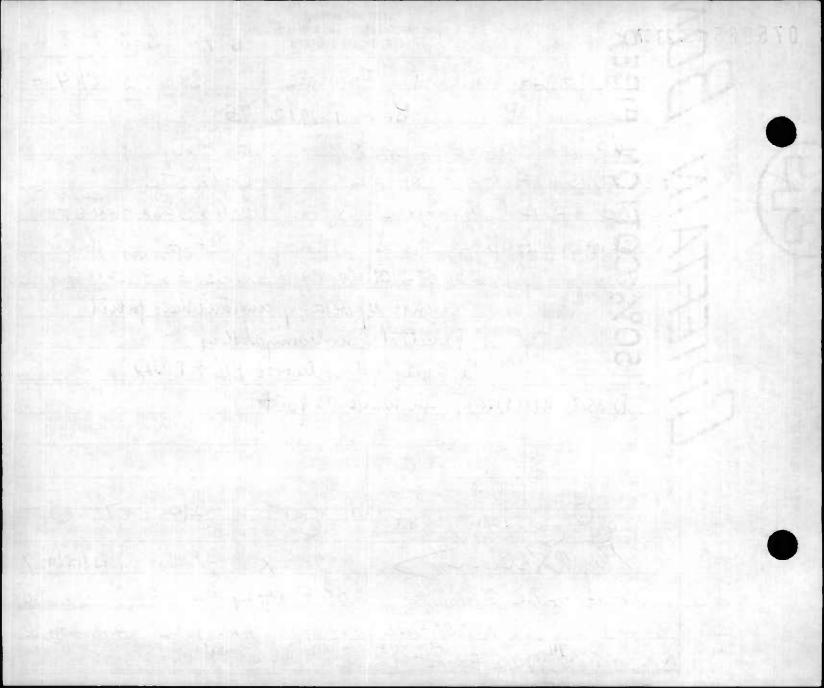
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3	7 REG. NO.	3	3	7	2	-
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	1	STATE OF MARYLAND	
075965 DEC	33	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
0.00000000		REGISTRAR CERTIFICATE OF DEATH 8 /REG. NO. 3 3 4 4	
m 5		EASED NAME FIRST , MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 26 HOUR	
ay be death		AMANDA MILDRED FOULKES Dec 12,1987 4 +	7 M
od .	3 SE		MRS
ge 4	3	B MONTH DAY 1912 75 YRS MONTHS DAYS HOURS A	n in.
a 52 77 5		ATHPLACE (STATE OR FOREIGN 16 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH	
\$ \$ \$ \$ \$ \$ \$ \$ \$		OUNTRY) VA INSIA MARRIED NEVER MARRIED DIVORCED DIA A	MD.
5 11/19	10. C	Y OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION (Age of work for most of working life) INDUSTRY (Age of work for most of working life) INDUSTRY	OR
5/0 to	1	NNADOLIS A. A. G. GRNSTAL DOMESTIC.	
212 hour		IL RESID (NCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) TATE  136 COUNTY  137. CITY OR TOWN 136 INSIDE CITY LIMITS? 138 STREET ADDRESS / ZIP CODE	7
N 24	130	Md A. A ANNAPOLIS YES NO 1204 MIC FUCKION ST	
TA A F	14. F/	THER'S NAME  IS MOTHER'S MAIDEN NAME  FIRST MIDDLE LAST	
AAM P	1	VILLIAM BUTTER Reed MARY EVA UNKN	
RE, a		AS DECEASED EVER IN U.S. ARMED FORCES? 186 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS ATT N POLIS	
O × o o o		ES. NO ORUNKNOWN) (IF YES, GIVE WAR OR DATES) D. 14-05-2101 BAY GATA HAYRIS 316 E. BEST GATE	Rd
ALT		18 CAUSE OF DEATH (Enter only one cause per line for (q), (b), and (c)  APPROXIMATE INTERVAL  BELWEEN ONSEL AND DEATH	ATH
T., B		PART I. DEATH WAS CAUSE (0) Chinic reproceeding angus lun her forther	
S Cer		DUE TO, OR AS PROUNSEQUENCE OF 0 C	
he death c he ottendir emove cort mation, or r fraumatic	3	Canditions, if ony, which gave rise to immediate cause as taking the	
the o		gave rise to immediate cause ioi, stoting the DUFTO ORAS A CONSPONENCE OF	
by by lost		cause oi, stating the underlying cause last.    DUE TO, ORD A CONSEQUENCE OF OHLUS CHURT C HUNT NISTED	
res 1 gned n ple puricy, or		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110	
RECORDS	CERTIFICATION	Diasete Muluto, Ascheric (2 foot.	
ECO W	SA	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?	,
TALR The I the loss to the shown is the hos shown	F	YES NO YES NO NO	
> Z & 0 0 f 8		210. ACCIDENT WAS UNDERLYING TO COLUMN THE OF INJURY TO PART 1 OR PART 1 OR PART 2)  OR CONTRIBUTING TO CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR	
I OF	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY TEAK  (IF EITHER NOTIFY MEDICAL EXAMINER)  P.M.  19	
HYS of this of the day	ED	21d INJURY OCCURRED  21e PLACE OF INJURY  [IAT HOME, STREET, FACTORY, OFFICE, FARM, ETC.]  21l LOCATION  STREET  CITY OR TOWN  COUNTY STATE	E
IVIS DATE THE THE THE THE THE THE THE THE THE T	2	WHILE NOT WHILE !	
A A A A A A A A A A A A A A A A A A A		220.1 certify that (1) his hospital) attended the deceased from 19 7, to 12 12 7, that (1) we saw the accessed office and the time the causes stated	lost
TTE prito for of H		saw the accessed give on 19 and that in (my) (aur) opinion death occurred on the date and hour and from the causes states above. (If we'll (did had) did not view the bady after death.	d
OR A borned Ched Ched Dept		226. SIGNATURE 220. DATE SIGNED	
th the leto		Medical Staff PHYSICIAN DIRECTOR PHYSICIAN   12 (1514	7
HOSPIT ned by FUNER old be ORTAN	1	22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS	
O HOSPIT, etoined by TO FUNER, should be d with the Ste Mynth the Ste		Dr deorge Samiris 205 Ridgely AVE ANNApolis, M	nd
Show Show	23a	URIAL, CREMATION, REMOVAL 736 DATE 737 NAME OF CEMETERY OR CREMATORY 736 LOCATION	
BP	R	WriAL 12-17-1987 PINE LAWN Men ANNAPOLIS. A. ADMINITY	d.
DHMH - 16 60M 7/84	24 F	NERAL DIRECTOR THE ANAPOCALS IN 250 DATE RECO. BY REGISTRARIZED REGISTRA	
0/PA 15 41	M	CAME HICKET DAY FOREST TO DEC 22 1981	



## STATE OF MARYLAND

8	KEG.	NO.	3	3	7	2	5
DATEO	DEATH	MON	TH	DAY	YEAR	25 HOL	ID

078248 JAN 14188	FOR STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE B REG. NO. 3	3 7 2 9			
	HYE-CHA	MIDDLE	RENCH	20. DATE OF DEATH MONTH 12 - 3	1 - 87   26 HOUR 2205 M			
and the second of the second o	FEMALE	ORIENTAL O	5. Date of Birth Tune 20 1943		FUNDER I YEAR IF UNDER 24 HRS.			
	THPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8.  MARRIED WIDOWED DIVORCED		Anne Arundel	OF DEATH MD.			
Fo	rt Meade		rsing home or other institution  (REFORM COMMUNITY Hospital	120 USUAL OCCUPATION (THOMEMAKER)  **ORKING LIFE)	126 KIND OF BUSINESS OR INDUSTRY HOME			
SALTIMORE, MARYLAND 2120  Solve be seecuted within 24 hours  THE PROPERTY OF THE SOLVE	RESIDENCE (IF NURSING HOME OR ATE Md. 134 COUN Anne	OTHER INSTITUTION, GIVE RESIDENCE B		13. STREET ADDRESS / ZIP CODE 3551 E. Burr C	t. 20755			
MARYLA LA L	HER'S NAME FIRST Unknown by	MIDDLE LAST	15. MOTHER'S MAIDEN NA UNKNOWN b	y husband	1451			
W (YE	AS DECEASED EVER IN U.S. AR	MED FORCES? 16h SOCIAL S	ECURITY NO. 17 INFORMANT	ADDRESS				
The second	No	029 50		ENCH same as abov				
BAI.	8 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	D BY Rilat	eral Pneumonia		BETWEEN ONSET AND DEATH			
IN ST ding p or ren	IMMEDIA	DUE TO, OR AS A CONSE			15/07			
RESTON  Geoth co	Conditions, if ony, which	( ib)	OUENCE OF					
W. PR	gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost.							
201 y		(c)	TO DE ATH BUT NIOT BELLTED TO THE TERM	WILL DISSESS OF CONDITION OF STREET	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
RDS, ranger Then to bu	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110  Progressive systemic sclerosis/squamous cell ca of cervix							
NL REG	90. DATE OF OPERATION		ICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES,	WERE FINDINGS USED ING CAUSES OF DEATH?			
ON OF VITA  IVSICIAN: T ding physici s certificate burial-transi Mental Hygi xr Item 18 sh	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH		RED {ENTER NATURE OF INJURY IN ITEM 18 PAR	RT 1 OR PART 2)			
IVISION OF  VG PHYSICIA  Offending p  ter this certif  so the buriolity  h and Mento  riked or Item  MEDICAL	WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFF	ICE, FARM, ETC.)  211 LOCATION STREET	CITY OR TOWN	COUNTY STATE			
TTENDIN pitol or TOR. Af for use of Health	27a I certify that (I) (this hospi sow the deceased alive on above. (I) (we) (did) (did no	tol) ottended the deceosed from 12/31		deoth occurred on the date and hour	9_87, that (1) (we) lost and from the couses stated			
Q = 5 C 0 =	Maure Maure	n Domas	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	31 Dec 87			
HOS ouned FUN the	Maureen D. Fr		22e ADDRESS	Meade, Maryland				
	IRIAL, CREMATION, REMOVAL	23b. DATE	30 NAME OF CEMETERY OR CREMATORY	23d. LOCATION				
	BURIAL	1-9-1988	FOREST LAWN CEMETER	Y CYPRESS, OR	ANGE CO. CALIF.			
DHMH - 16 60M 7/84	NERAL DIRECTOR NAME W. CHAMBERS (	n. RIVER	SSALE, Md. 20737 250. DAI	N 1 3 1988	AR'S SIGNATURE COME			

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H. Wester			
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			STATE OF MARYLAND		
	FOR	DEPARTM	ENT OF HEALTH AND MENTAL HYG	IENE	
1.	- STATE		CERTIFICATE OF DEATH	(3) Wy	3 7 3 0
Щ.	ISTRAR			REG. NO. 1	Y YEAR TO HOLIR
	CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH DA	YEAR 26 HOUR
	Lyle	Wilbur	Gaither	Dec b, 1	9817 PM
3. SE	1 0	4. RACE	5. DATE OF BIRTH	0.7102 (1.1101)	UNDER TYEAR IF UNDER 24 HRS
5	Male.	White	Oct 15,1903	84 YRS	THE DATE HOURS MIN.
	IRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY O	F DEATH
n	Daryland	USA	WIDOWED DIVORCED	Anne Arun	del MD.
10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING		120 USUAL OCCUPATION (Type OF WORK FOR MOST OF WORKING LIFE)	126 KIND OF BUSINESS OR
10	Pancantis	2900 Shipm	aster Way	Red Exec	ard
		ROTHER INSTITUTION GIVE RESIDENCE BEFORE			2111 0
130.	STATE 136 COU		4 · · · · · · · · · · · · · · · · · · ·	13e STREET ADDRESS / ZIP CODE	2001
14.5	ATHER'S NAME	A Honago	15 MOTHER'S MAIDEN NA	12 00 DUIDWG	ster man
14. 77	FIRST	MIDDLE LAST	FIRST	MIDDLE	LAS
	William	H Gaither	Many	Ca	rrick
	WAS DECEASED EVER IN U.S. AF		RITY NO. 17 INFORMANT	ADDRESS	Sameas
	HIS NO DRUNKNOWN)   IIF YES GI	VE WAR OR DATES) 214-05-1	0441 Marguerit	e A. Carther-	#13
	18 CAUSE OF DEATH (Enter or	nly ane cause per lue far (a), (b), and	diet \ d		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSE	ED BY	enla baisque		15ml
	IMMEDIA	TE CAUSE (a)			
		DUE TO, OR AS A CONSEQUE	NCE OF 1 ST	h. d	N.2
	Canditians, if any, which	( 16) Centuro	selection constituen	we were	The man
	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE	NCE OF		A Section 1997
	underlying cause last.	(6)			
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TERM	IN AL DISEASE OR CONDITION GIVEN	N IN PART 110
Z					
ATION	190 DATE OF OPERATION	19h CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?   20b. #F YES, Y	WERE FINDINGS USED
0	THE DATE OF OPERATION	THE CONDITION FOR WHICH	OF ENATION WAS LENT OR MED		NG CAUSES OF DEATH?

			YES NO	YES
218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOT IFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURRED	(ENTER NATURE OF INJUR	LY IN ITEM TB PART 1 OR PART 2)
21d. INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION	CITY OR TO	wn COUNTY

STATE NOT WHILE AL WORK 270.1 certify that This haspital) attended the deceased from

saw the deceased alive as 10 22 abave. (I) (ve) (did) (did no) view the bady after death. (aur) apinian death accurred an the date and have and from the causes stated 221. DATE SIGNED 226 SIGNATURE DEGREE 4)

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22e ADDRESS

236 DATE 23c NAME OF CEMETERY OR CREMATORY

23d. LOCATION 236 BURIAL, CREMATION, REMOVAL auo Memoria

ATRAR 250 REGISTBAR'S SIGNATURE 24 FUNERAL DIRECTOR

(VRA 15, 4)

MEDICAL

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DHMH - 16 60M 7/84

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12 (2.01) 26 (2.11) 3 & 1 2 to JMAG 1 HOME & O phone C 3 0.1 \\n; Service of the service of the service of the service of Dissiph D. Modera 100 CATHERICAL ST Annuapolish CHERRATION HILLS THETH OPOLITHE THERM WALLS FAILTHAN THE PER CONTROL OF THE STATE OF THE

(VRA 15, 4)

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CERTIFICATE OF DEATH REGISTRAR T. DECEASED NAME MIDDLE FIRST 2a. DATE OF DEATH MONTH (TYPE OR PRINT) 12 3. SEX 5. DATE OF BIRTH 6. AGE IN YEARS LAST BIRTHDAY) TO BIRTHPLACE ISTATE OF FOREIGN 7b. CITIZEN OF WHAT COUNTRY? NEVER MARRIED aruland DIVORCED WIDOWED 11.4 NAME OF HOSPITAL, NURSING HOME OR USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 113b. COUNTY 13c CITY OR TOWN Hongooli 14. FATHER'S NAME 17 INFORMANT (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF ARDIOM Conditions, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. DIVISION OF VITAL RECORDS, 201 0 a PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 CERTIFICATION 0 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Mental them MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION 9 ā STREET CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) morked NOT WHILE AT WORK AT WORK AC 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive on DV O Date above, (Diwe) (did told not view the bady after death. 276. SIGNATURE DEGREE -ATTENDING MEDICAL STAFF FUNERAL PHYSICIAN MPORTANT 224 PHYSICIAN'S NAME ( ) YPE OR PRINT! 22e ADDRE

FOR

- STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

BALTIMORE CITY OR COUNTY OF DEATH 126 KIND OF BUSINESS OR FYVICE 401 13e.STREET ADDRESS / ZIP CODE 920 Minnow APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH C'ARONI ( 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [] YES T 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART 2) COUNTY STATE and that in (aur) opinion death occurred on the date and hour and from the causes stated 220 DATE SIGNED DIRECTOR PHYSICIAN 23¢ NAME OF CEMETERY OR CREMATORY 250 DATE REC'D. BY

26 HOUR

IF UNDER 24 HRS

IF UNDER I YEAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

The state of the s Library and The Dead Brill Booky or (1) Tar Rose L Book to a far the well lower D la hear of a soul a silver con 4 Enter the sound of the second of the Gally con Calbert J. Caller Sec. Line . Line . Line . Line . CIA CHICAGO OF CEXX TEXT an all allered Lands Town of State Lands THE BE SHE ON ELLEVANOR LEVEL PORT LOVE TO LEVEL TO

7 (	56	3 7	DE	C 2	   18	FOR 7STATE REGISTRAR			DEPARTM	NENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE REG. NO.	3 3	7	3 4
11201	hours ofter death. Page 4 may be	in by the funeral director, page 3		2	1. DEC	RTHPLACE (STATE OF FOUNDATION OF DEA	TH II	NAME OF	CH FACILITY GIVE STREET A	SOATE CONTROL OF THE WIDOWS G HOME CADDRESS)	10 1894  D NEVER MARRIED DO DIVORCED DI	6. AGE (IN YEARS LAST BIRTHDA  9. BALTIMORE CITY OR C  ANNE A COM  12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	YRS OUNTY OF	DEATH	PUNDER 24 HRS. HOURS MIN.  MD.  F BUSINESS OR
AND	24	filled	O P	5	MA	RYLAND	A.A.		SEVERNA		134 INSIDE CITY LIMITS?	75 Glenn Ro	oad a	1/15	6
MARYLAND	ad with	1	No.	0	14. FA	THER'S NAME FIRST CHARI		A.	WHITE		15. MOTHER'S MAIDEN NO.	E •	WH	ITE LAS	1
BALTIMORE,	ADD A	n and o	medical	1		VAS DECEASED EVER ( VES. NO OR UNKNOWN) NO	N U.S. ARME (IF YES, GIVE W		218-30 . (c)		ORIEY GLENN	13 White Rd.	Sever	211 na Pa	
I W. PRESTON ST., B.	Par the death caralica	by the attending phys	ease remove carbon paper of, cremation, or removal or other trammatic event, f	or other traumatic event,		PART I. DEATH W.  Conditions, if ony, gove rise to imm couse (o), stoting underlying couse	which ediote	BY: CAUSE (o) DUE TO, C	DR AS A CONSEQUE	NCE OF	e from	4 Jach	~~	aciwetro(	MATE INTERVAL INSET AND DEATH
ORDS, 20	saunba	sen signed	or to burn	-	MOIT	PART 2 OTHER SIGN	Rd-1	6000	60-6	Lyn	NOT RELATED TO THE TER.		ON GIVEN		
LAL REC	The low	cian. te hos b	giene pri	2	CERTIFICATION	21a. ACCIDENT WAS UND		216. TIME (		OFERFITO		YES   NOW IN	CERTIFYIN YES	G CAUSES	OF DEATH?
DIVISION OF VITAL RECORDS,	IG PHYSICIAN	attending physiser the certifical	a the oungitron and Membi Hy sked or Nem 18	9	MEDICAL CI	OR CONTRIBUTING C	AUSE OF DEATH ALEXAMINER) ED	HOUR A	A.M. MONTH DA A.M. F OF INJURY TREET FACTORY, OFFICE, FA	19	21f LOCATION STREET	RED (ENTER NATURE OF THURST IN	128	COUNTY	STATE
0	OF ATTENDIN	DIRECTOR A	Dept of Health			220.1 certify that (I) saw the decease above, (I) (works) 22b. SIGNATURE	d alive on	12/18	19 0		DEGREE ATTENDING	death occurred on the date			CID CO.
	TO HOSPITAL	TO FUNERAL	whould be de-	1	22	22d PHYSICIAN'S NA BROOL	ME (TYPE OR PI	Bh.	ILPI	S AME OF C	PHYSICIAN  22e. ADDRESS  1835 PO	DIRECTOR PHYSICIAN	1	na	m

23c. NAME OF CEMETERY OR CREMATORY

21401 ADDRESS

234 LOCATION

Marylan

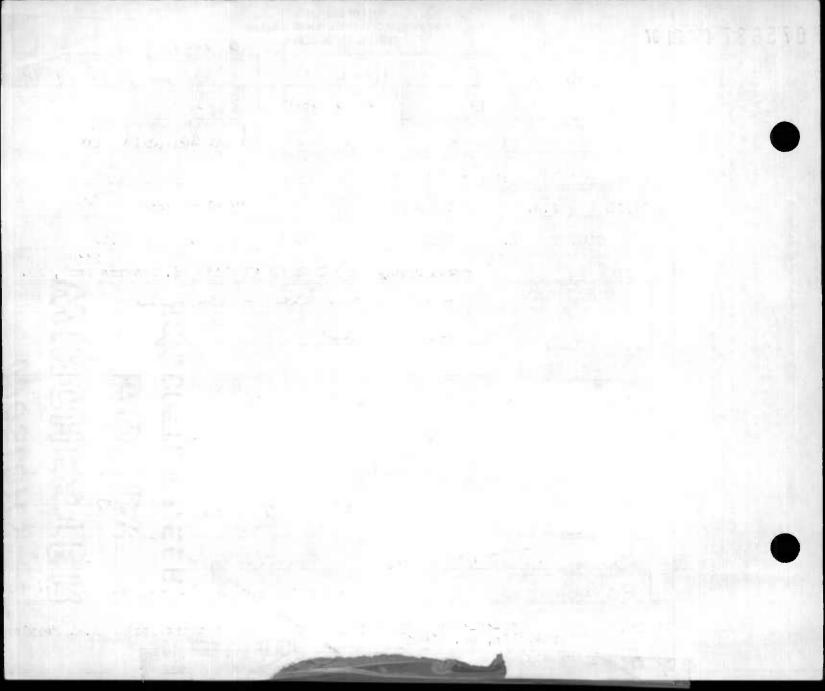
COUNTY

Sevema Park A A A Y PECISTRAL PARENTE PARENTE

BP\_ DHMH - 16 50M 1/B1 (VRA 15, 4) BURIAL

238 BURIAL, CREMATION, REMOVAL

23b. DATE



TO FUNERAL DIRECTOR: After this certify the parent signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transportment. Then please remove carbon papers. Pages 1 and 2-brindin in filed with 72 hours after death with the State Dept. of Health and Mental Hyperic to burial, cremation, or removal.

injury, ar other troumatic event, the medical

MPORTANT: If them 21 is marked or them 12 them s

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the hospital or attending physician.

076172

## STATE OF MARYLAND

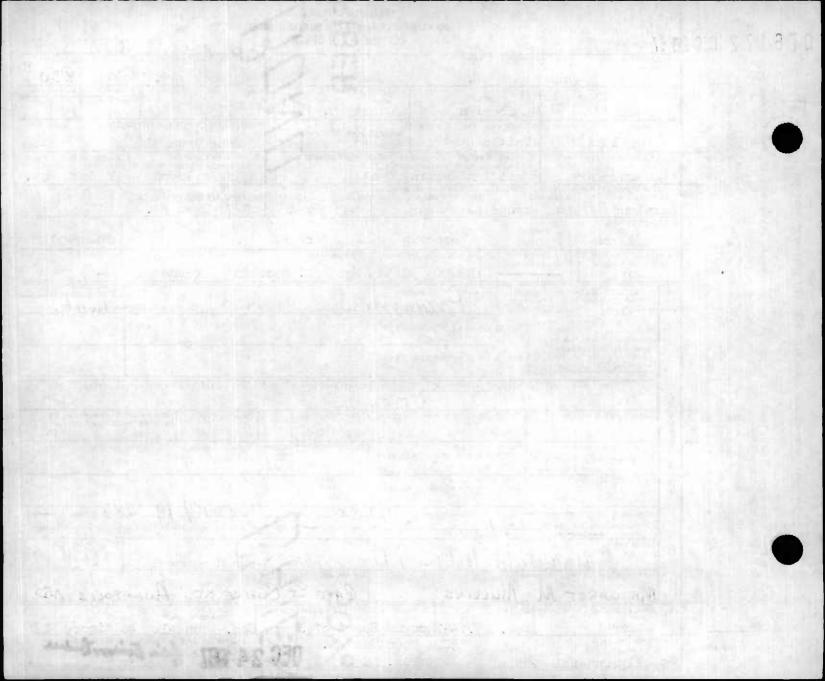
DEPARTME	NT OF	HEALTH	AND	MENTAL	HYGIENE
	CERT	IFICATE	OF	DEATH	

STATE   STAT	1	FOR	DEP		EALTH AND MENTAL HY	GIENE					
IDECEASED NAME   1931   1900	13'8	REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	0	3 7	3 5		
John E. Goodwin December 19, 1987 735 M  NEL SEX 18ACE 18ACE 18 DATE OF BRITH 18 DOWN  NEL SEX 18ACE 18ACE 18ACE 19ACE OF BRITH 18ACE 19ACE 19AC	I. DE	CEASED NAME FIRST	WIOOLE	i	AST	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR		
Male  Calcasian  April 25, 1910  77 YES  CALCASIAN  APRIL 25, 1910  78 BERIPHACE (STATICH CONCINCE)  ACCOUNTING  A	LITPE		E.	Go	odwin	December	19,	1987	9:30 M		
Male   Caucasian   Aucust 25, 1970   77   Yes   Part   P	3 SE	x	4. RACE			6. AGE (IN YEARS LAST BE					
To BERIPHACE COLUMNS NOT STATES  TO COUNTY IN THE COLUMNS OF DEATH  Severa Park  IN NAME OF HOSPITAL NURS INCHES HOME ROTHER STRUTTION  IF HOSPITAL PRINCE IN THE STRUTTION IN THE ALCORAGY OF THE STRUTTION  IF HOSPITAL PRINCE IN THE STRUTTION IN	10	Male	Caucasian		st 25, 1910	77		MONINS DAYS	HOURS MIN,		
Maryland  United States   woded   Droked   Arme Arundel    II. NAME OF RASHITAL INJUSTION HOME OR OTHER INSTITUTION   174 UNITED OVER COMMON TO WORK FOR AND STRY    Severma Park   Meridia Mursian Center   Severma Park   Westernament of the state appears    Severma Park   Meridia Nursian Center   Severma Park   Westernament of the state appears    Severma Park   Meridia Nursian Center   Severma Park   Westernament of the state appears    Severma Park   Meridia Nursian Center   Severma Park   Westernament    Severma Park   Meridia Nursian Center   Severation    Severma Park   Meridia Nursian Center   Meridia Nursian    Severma Park   Meridia Nursian Center    Severma Park   Meridia Nursian Center   Meridia Nursian Center    Severma Park   Meridia Nursian Center   Meridia Nursian Center    Severma Park   Meridia Nursian Center    Severma P		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	TRY? 8	XX NEVED WARRIED []	9 BALTIMORE CITY		OF DEATH			
B. CITY OR TOWN OF DEATH Severna Fark  Sever		Maryland	United States	_		Anne Am	Anne Arundel MI				
Severna Fark   Neridian Nursing Center   Self Employed   Seafood Bus.    Self Employed   Seafo	10. C			JRSING HOME C	The state of the s	120 USUAL OCCUPAT	ION	126 KIND O	F BUSINESS OR		
136 STATE   136 COUNTY   136 CREVE COUNTY   136 INSIDE CITY LIMITS   136 STATE ADDRESS / ZIP CODE   137 COUNTY   136 INSIDE CITY LIMITS   136 STATE ADDRESS   137 CODE   137 COUNTY   136 INSIDERATION   136 INSIDERATION   137 COUNTY   136 INSIDERATION   137 COUNTY	S	leverna Fark			ter	The state of the s			od Bus.		
No Care   No C	USU.				AND A VOIDE CATALLIANTED	In expert appress	/ ZID CODI				
THE FATHER'S NAME  THE THER'S NAME  THER'S NAME  THE THER'S NAME	100								2		
Barbara   Barb	THE PERSON NAMED IN	ATHER'S NAME			15 MOTHER'S MAIDEN NA	ME	2000				
18 WAS DECEASED EVER IN U.S. ARMED FORCES?   186 SOCIAL SECURITY NO.   17 INFORMANT   ADDRESS   120 O 3 9813A   Agnes A. Goodwin (Same as 130-e)   18 INFORMANT   18 INFO					Barbara	WIDDLE		Foeh	rkolb		
R. CAUSE OF DEATH I citertonly one couse per line for ip), (b), and ic)	16a V		RMED FORCES? 166 SOCIAL	SECURITY NO.		ADDR	ESS				
18. CAUSE OF DEATH (Enter only one couse per line for it), (b), ond ic: 1   PART I. DEATH WAS CAUSED BY   MIMPOLIATE CAUSE (o)   MULLINS     PART I. DEATH WAS CAUSED BY   MIMPOLIATE CAUSE (o)   MULLINS     Conditions, if ony, which gove rise to immediate couse lost   Due TO, OR AS A CONSEQUENCE OF     Coulderlying couse lost   Due TO, OR AS A CONSEQUENCE OF     Underlying couse lost   Due TO, OR AS A CONSEQUENCE OF     PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I to     PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I to     PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I to     PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I to     PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I to     PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I to     PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEPART 2)     PART 2. OTHER SIGNIFICANT CONTRIBUTION GIVEN TO THE TERMINAL DISEASE OR CONDITION GIVEN TO THE ATTENDANT OR THE PART I TO PART 2)     PART 2. OTHER SIGNIFICANT CONTRIBUTION GAVES OF DEATH? YES   NO	- (								130-0)		
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10)  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS	H		/ /	MATE INTERVAL							
DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate couse tol, storing the underlying couse lost  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I to  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I to  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I to  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I to  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I to  PART 2. OTHER SIGNIFICANT OR WHICH OPERATION  PART 3. CAUSE OF DEATH PART I TO PART I TO  PART 3. CAUSE OF DEATH PA				111mans.	//				1.		
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The part of the pa		Conditions if any which	(	EQUENCE OF							
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19th Date of Operation   19th Condition for which operation was performed   20th autopsy?   20th If yes, were findings used in Certifying Cause of Death?   Yes   No   Yes   No   Yes   No   Pyes   No   Yes		PART 2. OTHER SIGNIFICANT		TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIV	VEN IN PART 110			
OR CONTRIBUTING CAUSE OF BEATH  (IF ETHER NOTIFY MEDICAL EXAMINER)  21d NJURY OCCURRED  21d NJURY OCCURRED  22d I certify that (1) (this haspitate attended the deceased from sobve, (1) fiver palety (1) fiver palety (1) fiver death.  22d I certify that (1) (this haspitate attended the deceased from sobve, (1) fiver palety (1) fiver palety (1) fiver death.  22d Physician Shame the corresponding to the body after death.  22d Physician Shame the corresponding to the body after death.  22d Burial, Cremation, Removal 23b. Date 23c Name of Cemetery or Crematory Bural Dec. 23, 1987 Secred Heart of Jesus Dem. Dundalk Baltimore MD  24 FUNERAL DIRECTOR  320 Mountain Ed. 25c Date REC D. By Registrar 25c R	Z	/// L. /									
OR CONTRIBUTING CAUSE OF BEATH  (IF ETHER NOTIFY MEDICAL EXAMINER)  P.M.  19  21d INJURY OCCURRED  21e PLACE OF INJURY  (AT HOME, STREET, FACTORY OFFICE, FARM, ETC.)  22a I certify that (I) (this haspitatival special the deceased from pooling of the deceased alive on obove, (I) have felded (did not) view the body after death.  22b SIGNATURE  22d, PHYSICIAN SMAME ITTER CORPURED	18	19a DATE OF OPERATION	196 CONDITION FOR W			200 AUTOPSY?					
OR CONTRIBUTING CAUSE OF BEATH  (IF ETHER NOTIFY MEDICAL EXAMINER)  P.M.  19  21d INJURY OCCURRED  21e PLACE OF INJURY  (AT HOME, STREET, FACTORY OFFICE, FARM, ETC.)  22a I certify that (I) (this haspitatival special the deceased from pooling of the deceased alive on obove, (I) have felded (did not) view the body after death.  22b SIGNATURE  22d, PHYSICIAN SMAME ITTER CORPURED	E					YES IN NOT					
OR CONTRIBUTING CAUSE OF BEATH  (IF ETHER NOTIFY MEDICAL EXAMINER)  P.M.  19  21d INJURY OCCURRED  21e PLACE OF INJURY  (AT HOME, STREET, FACTORY OFFICE, FARM, ETC.)  22a I certify that (I) (this haspitatival special the deceased from pooling of the deceased alive on obove, (I) have felded (did not) view the body after death.  22b SIGNATURE  22d, PHYSICIAN SMAME ITTER CORPURED	E .	210. ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18	PART I OR PART 2)			
22a. I certify that (I) (this hospital) attended the deceased from sow the deceased alive on obove, (I) twee shelf (did not) view the body ofter death.  22b. SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PH			AIH								
22a. I certify that (I) (this hospital) attended the deceased from sow the deceased alive on obove, (I) twee shelf (did not) view the body ofter death.  22b. SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PH	100		21e PLACE OF INJURY		211 LOCATION			COUNTY	CTATE		
22a I certify that (1) (this hospital attended the deceased from 19 0 19 0 19 0 19 0 19 0 19 0 19 0 19	M		(AT HOME, STREET, FACTORY OF	FFICE, FARM, ETC }	STREET	1	)WN	COUNTY	STATE		
sow the deceosed alive on obove, (I) week place of the body offer death.    19   87   ond that in (my) (seek opinion death occurred on the date and hour and from the couses stated obove, (I) week place of the body offer death.    226 DATE SIGNED   226 DATE SIGNED   227 DATE SIGNED   228 DATE SIGNED   228 DATE SIGNED   228 DATE SIGNED   229 DATE ROLLING   230 DATE   230 DATE REC'D. BY REGISTRAR 29 REGIS			mail-attended the deceased for	rom	1186 19	10 12	19	19.8.7	that    (we) lost		
226 PHYSICIAN SHAME TO BE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR D				90	nd that in (my) (our) opinion	death accurred on the d	late and has	or and from the	couses stated		
PHYSICIAN DIRECTOR		22b. SIGNATURE	of) view the body offer death.	20	DEGREE			22c DATE	SIGNED		
226 PHYSICIANS HAME TO THE PROPERTY OF COUNTY STATE  Bural  236 BURIAL, CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OF CREMATORY 236 COUNTY STATE  Bural  24 FUNERAL DIRECTOR  272. ADDRESS  CAPTE ST. CEMIRE RD. ANNAPOLIS MD  236 NAME OF CEMETERY OF CREMATORY COUNTY STATE  Bural  24 FUNERAL DIRECTOR  250 DATE REC'D. BY REGISTRAR 24 REGISTRAR 24 REGISTRAR 25 SIGNABURE		Manan	IN In Thully	10 MU		MEDICAL STA	FF CIAN []	121	21/87		
236 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITYOR TOWN COUNTY STATE  Bural Dec. 23.1987 Secred Heart of Jesus Dem. Dundalk Baltimore MD  24 FUNERAL DIRECTOR 3204 MOUNTain Rd. 256 DATE REC'D. BY REGISTRAR 25 REGISTRAR 6 SIGNABURE	1	22d. PHYSICIAN STUAME ITTE	CR FRING	1/11/		A		10-1	244		
236 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITYOR TOWN COUNTY STATE  Bural Dec. 23.1987 Secred Heart of Jesus Dem. Dundalk Baltimore MD  24 FUNERAL DIRECTOR 3204 MOUNTain Rd. 256 DATE REC'D. BY REGISTRAR 25 REGISTRAR 6 SIGNABURE		MARCARET N	1 MULLINS		CAPE ST. (	PAIRE RO.	Aux	NAPOL1	< MD		
Bural Dec. 23.1987 Secred Heart of Jesus Cem. Dundalk Baltimore MD  24 FUNERAL DIRECTOR  3204 Mountain Rd. 250 Date REC'D. BY REGISTRAR 24 REGISTRAR 25 REGISTRAR	230	BURIAL, CREMATION, REMOVA		23c. NAME OF C		23d LOCATION	7,0,				
24 FUNERAL DIRECTOR 3204 MOUNTain Rd 250 DATE REC'D. BY REGISTRAR 25 REGISTRAR 5 SIGNABURE		(SPECIFY)					dolla	min on 1 a			
TOUCH THE DESIGN OF THE PARTY O	24 F	UNERAL DIRECTOR						TRANS SIGNAL	URE		
McCully Funeral Homes Pasadena, MD 21122 JC 24 237	Mo	NAME				2.4 1087	Julia 1	Standard y	and the same		

DHMH - 16 50M 4/83 (VRA 15, 4)

McCully Funeral Homes

BP.



## STATE OF MARYLAND

FOR	DEPART	MENT OF H	EALTH AND MENTAL HYG	IENE				
- STATE REGISTRAR		CERTIF	ICATE OF DEATH	8 TREG. NO	0. 3	3 7	3 6	
DEGEASED NAME FIRST	MIDDLE	N 1	AST	20. DATE OF DEATH	MONTH D	AY YEAR	26. HOUR	
MYPEOR PRINT) Tamp	4 Warren	150	mall	).	2 A	87	3:15	
3. SEX	4. RACE	S. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIR		F UNDER 1 YEAR	IF UNDER 24 HRS	
male	white	1 MONTH	10 YEA 20	6	YRS.	ONTHS DAYS	HOURS MIN.	
7a. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	? 8.	₩ NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY			
Md.	U.S.A.	WIDOWE		Anne Aru	ndel (	0.	м	
Annapolis	Anne Arunde I			124 USUAL OCCUPATION OF THE PROPERTY OF THE PR			OF BUSINESS OF	
13a. STATE 13b. CC	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOUNTY  13c. CITY OR TOV  Orchard	WN	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS 1008 Clif	f Plac	e 21	1226	
14. FATHER'S NAME			15. MOTHER'S MAIDEN NA					
Charles	Edward Gosn	ell	Lurline	MIDDLE		Way	son	
160. WAS DECEASED EVER IN U.S.		URITY NO.	17. INFORMANT	ADDRE	SS			
	WII 21603	6706	Betty R. Gos	nell (same	as 13	BE)		
18 CAUSE OF DEATH (Enter	only one couse per line for (o), (b), o	and (c1.)				BETWEEN	ONSET AND DEATH	
	DATE CAUSE (O) (D) MANUE	tal	WT					
	DUE TO, OR AS A CONSEQU		0					
Conditions, if ony, which gove rise to immediate	( 16) Aleure	told	vasur 5					
couse (o), stoting the								
	T CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	NINPARIT	0,	
190 DATE OF OPERATION	196, CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPS ?	20b. IF YES,	WERE FINDS	NGS USED	
190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING				YES T NOT	IN CERTIFY	ING CAUSES	OF DEATH?	
210. ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCCURE				,,,,	
OR CONTRACTOR CALLER OF	DEATH	DAY YEAR						
(IF EITHER NOTIFY MEDICAL EXAM	P.M. 21e. PLACE OF INJURY	17	21f LOCATION					
WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.)	STREET	CITY OR TO	WN	COUNTY	STATE	
22a.1 certify that (I) (this ha	spital) attended the deceased from			, to		9	that (I) (we) lo	
sow the deceased alive	on	, or	nd that in (my) (our) opinion o	death occurred on the de	ote and hour	and from the	couses stoted	
226. SIGNATURE	/ /		DEGREE			22c. DATE	SIGNED	
VVI	()		ATTENDING PHYSICIAN	MEDICAL STA				
274 PHYSICIAN'S OKME	o Ment)	. 1	220. ADDRESS					
		NAME OF T		In Location				
230. BURIAL, CREMATION, REMOV			emetery or crematory . Crownsville	Crownsvi	lle	ADUNAY.	Mdiate	

BP. DHMH - 16 50M 1/81 (VRA 15, 4)

should be detoched for use os the buriol-training parmit. Them with the State Dept. of Health and Mental Hygierre prior to the IMPORTANT: If them 21 is morked or them 18 shows any

TO FUNERAL DIRECTOR: After this certificate has be

TO HOSPITAL OR ATTENDING PHYSICIAN THE

etoined by the hospitol or

Settlector, page 3

DEC

6

74 FUNERAL DIRECTOR
George J. Gonce

vet. Crownsville

250-DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

4001 Ritchie Hwy. Baltimore Md. 21225

Same of the same

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## STATE OF MARYLAND

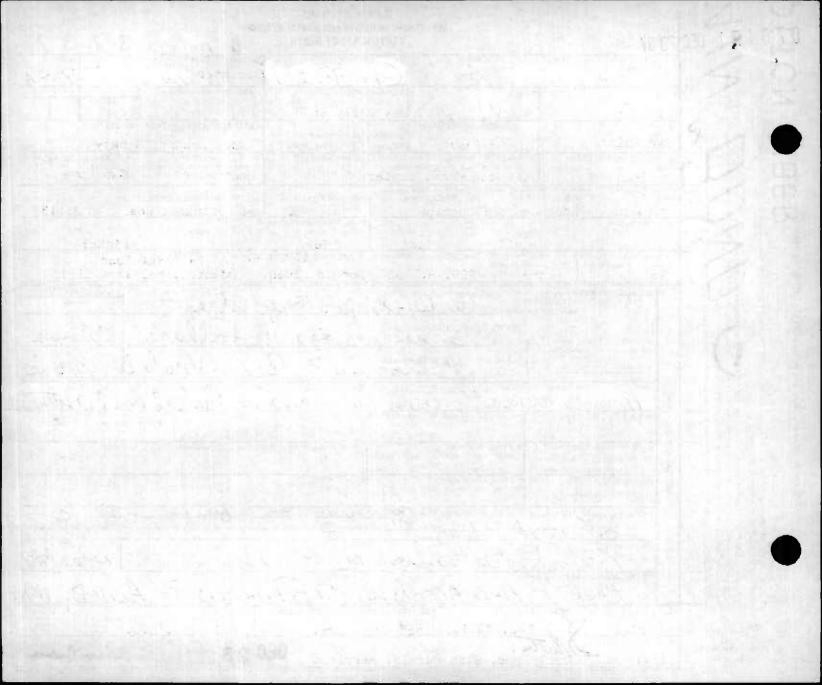
EPARTMENT	OF I	HEAL	TH	AND	MENT	AL	HYG	IEN
CEI	RTI	FICA	TE	OF	DEAT	H		

4	FOR	DEPA	RTMENT OF HEALTH	AND MENTAL HYG	SIENE				
29	STATE		CERTIFICATE	OF DEATH	8 TREG. NO. 3	3 7 3 7			
	CEASED NAME FIRST	MIDDLE	LAST		20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR			
(TYPE	Hazel	Riden	Grafflin		December 22, 19	87 9:45 Am			
3. SE	X	4 RACE	5. DATE OF BIRTH	DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 74 HRS			
H	emale	White	May 17	1900 YEAR	87 YRS.	MONTHS: DATS   HOURS   MIN.			
7a B	RTHPLACE (STATE OR FOREIGN	76. LITIZEN OF WHAT COUNT	RY? 8.	EVER MARRIED .	9 BALTIMORE CITY OR COUNT	Y OF DEATH			
	rginia	U. S.A.	WIDOWED	DIVORCED	Anne Arundel County MD.				
10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	RSING HOME OR OTHE	OR OTHER INSTITUTION  12a. USUAL OCCUPATION  (1YPE OF WORK FOR MOST OF WORKING LIFE)  INDUSTRY					
	ofton	Crofton Conv.	Center		Homemaker	Own Home			
13a. S	AL RESIDENCE (IF NURSING HOME STATE 13b. CO	OR OTHER INSTITUTION, GIVE RESIDENCE BUNTY 13E. CITY OR 1		SIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP COL	DΕ			
		Arundel Odento			946 Patuxant Re	oad 21113			
14. FA	ATHER'S NAME	MIDDLE LAST	15. MO	THER'S MAIDEN NA	ME	LAST			
	Adam	David Ri	den	Ida		Finkel			
	VAS DECEASED EVER IN U.S.	ARMED FORCES? 166. SOCIAL S	ECURITY NO. 17. INFO	ORMANT(Neph	ew) 946 Patuxant	Road			
N		None 220.48	.8692 Don	ald Riden		yland 21113			
	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one couse per line for to), (b	, ond (c).)	. +.	n. 1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
		IATE CAUSE (0)	W- Kesp	no wry	, will				
		DUE TO, OR AS A CONSE	OUENCE OF	11.	L C. D.	00.			
	Conditions, if ony, which gove rise to immediate	( 1b) COV	gertive	TRang	1 toulure	. Chouse			
	couse (a), stating the underlying couse last.	DUE TO, OR AS A CONST	DIENCE OF COL	Stic G	erdis-Varcula	De Caronic			
7	PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RE	LATED, TO THE TERM	AINAL DISEASE OF COMDITION G	IVEN IN PART 110			
ē	Phobably 1	metastole C	ston an	anoma	w/ Fartal,	Source O (4) Mucho			
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WE	IICH OPERATION WAS F	PERFORMED	266 AUTOPSY? 206. (F K	FS, WERE FINDINGS USED IFYING CAUSES OF DEATH?			
E		C AN THE OF BUILDIN	121 116			(ES NO			
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ☐ CAUSE OF	LIGHT A M MONITH	DAY YEAR	OW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2}			
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAM!		19						
MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF		STREET	CITY OR TOWN	COUNTY STATE			
	22a.1 certify thou his ho	spital) attended the deceased from	C 77	11 , 19 8 5	death occurred on the date and ha	. 19 tho (1) (we) lost			
	obov (I) we) (did) (did	not view the body ofter death.		(our) opinion	deom occorred on the dore ond no				
	Barry	R. Northa	DEGREE	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	12/22/87			
	22d PHYSICIAN'S NAME (TYP	ORPRINT)	27e AD	DDRESS		1 0 001			
	DARRY	K. NATHEHINS	SON MAD	OI FRAI	NKCIN ST :	HUWAY, MIS.			
	BURIAL, CREMATION, REMOV		731 NAME OF CEMETER		23d LOCATION CITY OR TOWN	COUNTY STATE			
	Burial UNERAL DIRECTOR	Dec. 24,1987	Rock Creek (		Washington, D.				
	NAME / SILL	allo. ADDRE	ss	1116	REC'D. BY REGISTRAR 256. REGIS	STRAR'S SIGNATURE			
Si	ngleton Funera	al Home, Glen Bu	rnie, Mary	land	40 133/	a lancater Comment			

DHMH - 16 60M 7/84 (VRA 15, 4)

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IMPORTANT; If them 21 is



## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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. m.e	144	PECASED NAME FIRST	ADOI	MIDDLE	GRAY	J	20. DATE OF DEATH  DECEMB		987 094	
poge deoil		ERNEST		100						DER 24 HRS
E	3. 3	EX	4 RACE		5. DATE OF BIRTH		6 AGE (IN YEARS LAST	MONT	HS DAYS HOURS	
rector urs of		MALE		ASIAN		7 10	77	YRS		
P 50 4	70	BIRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	MARRIED N	EVER MARRIED	9. BALTIMORE CITY			
nerol nerol		MARYLAND	U.S	S.A.	WIDOWED	DIVORCED [	A NINIT.	ARUNDEL (	COUNTY	M
s offer d by the fu	10	GLEN BURNIE			ADDRESS) ADDRESS) HOSPITAL		12a USUAL OCCUPA (TYPE OF WORK FOR MOS Maintena	OF WORKING LIFE)	NOCAL GO	
4 hourst led in Id be ust be	13	UAL RESIDENCE (# NURSING HO ). STATE MARYLAND	ME OR OTHER INSTITUTION OUNTY A.A.	13c. CITY OR TOV		SIDE CITY LIMITS?	136. STREET ADDRESS 800 Long	S	N	
affect of thin	14.	FATHER'S NAME		LAFT		THER'S MAIDEN N	IAME	Mary 1	LAFT	
on ple w	9	ERNEST	ADOLFUS	GRAY	SR	EMMA	WIDDLE	DONAL	DSON"	
d corte	160	WAS DECEASED EVER IN U.S		166. SOCIAL SECT	JRITY NO. 17 INF	ORMANTGle:	n Burnie			N
A Pope		YES NO OR UNKNOWN) (IF YE	S, GIVE WAR OR DATES)	219 01			e C. Gray			
ST., BALTIMORE, MARYLAN  Fulficate be executed within 2 g physicion and completely fill compopers. Pages 1 (and 2 should remova).  event, the medical examiner in		18 CAUSE OF DEATH (Ent PART I. DEATH WAS CA	er only one couse per AUSED BY: DIATE CAUSE (0)	-		art	Failure		APPROXIMATE IN BETWEEN ONSET A	
he death ce move carbon or r		Conditions, if any, which	h ( (b)_	R AS A CO ISEQU	16 1	end,	10/		5 year	1
201 W. PR es that the ned by the please rem urial, cremo		couse (0), stoting the underlying couse las	DUE TO, O	OR AS A CONSERV	avell	Mel	leting	AND THOM CHIEN	5ye	
	Z	PART 2 OTHER SIGNIFICA	MI CONDITIONS C	ON IRIBUTING TO	DEATH BUT NOT K	ELATED TO THE TEN	MINAL DISEASE OR CC	INDITION GIVEN	IN PART FIG	
L RECOR	7 NOT VOICE OF THE PARTY OF THE	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATION WAS	PERFORMED	200 AUTOPSY?		G CAUSES OF DE	ATH?
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requir r offending physicion. Wher this certificate has been sig as the burial-transit permit. Then th and Mental Hygiene prior to be overed or frem. I 8 shows any injury	- 1	OR CONTRIBUTION C CALLER	DE DEATH HOUR A	OF INJURY .M. MONTH D .M.		OW INJURY OCCL	JRRED (ENTER NATURE OF IN	IJURY IN ITEM IS PART I	OR PART 2)	
UG PHYS  Offendin  Iter this of the burk ond Me hond Me	1 ASDICAL	21d. INJURY OCCURRED  WHILE ON WHILE OF WORK	(AT HOME ST	OF INJURY REET, FACTORY, OFFICE.		STREET	CITY OR	TOWN	COUNTY	STATE
ATTENDIII Sspitol or CTOR: A d for use of the old m 21 is mo		220.1 certify that (1) (this sow the deceased ali abave, (1) (we) (did) to	e on 12/	06 19			n deoth occurred on the	date and hour on	d from the causes	-
TO HOSPITAL OR retained by the he TO FUNERAL DIRE should be detocher with the Store Dept.		224 PHYSICIAN'S NAME	DU ,	pos	no DEGREE	ATTENDING PHYSICIAN	42 DIRECTOR   PHY		12/06	P
O HOSPIT TO FUNER Should be with the Ste MPORTAN		THE PHILIPPINE STAME	7		100.00	7	845 OAKWOOD	ROAD	/	1
APO FI		FILIOTT G	ORBATY M	D		GLEN BU		AND 2106	1	
7 F 2 3 4	23	BURIAL, CREMATION, REMO			NAME OF CEMETE		23d LOCATION		DUNIY	- STATE
RP		BURIAL	12/8/	87 G1	en Have	n Park	Glen B	urnie	A A MC	a state

DHMH - 16 50M 1/B1

(VRA 15, 4)

12/8/87

Glen Haven Park

24 FUNERAL DIRECTOR

Raymond C. Fink Glen Burnie, Md. 21061

The Theory of the Water Booting

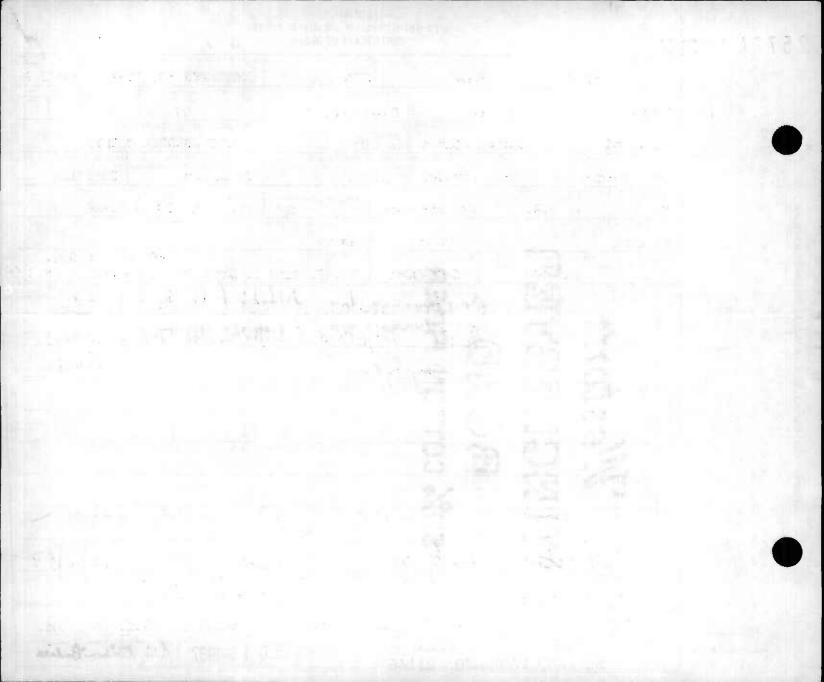
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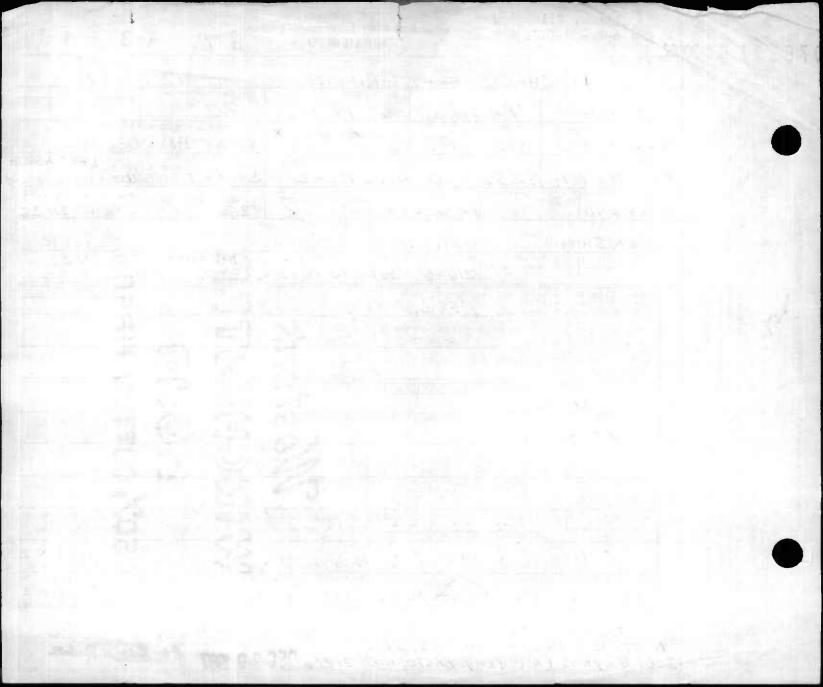
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STATE OF MARYLAND



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765	9	DEC 30	$\frac{87}{12}$	REGISTRAR CEASED NAME FIRST		MIDDLE	CERTIFI		REG. NO	MONTH DAY	YEAR 2h h	HOUR
	0	ω <del>ξ</del>		E OR PRINT)	110 -	E	0	2,55,51	28 DATE OF DEATH		77	1008
	oy b	poge 3	3. 51		HAEL	<u> </u>	5. DATE O	F RIPTH	6. AGE (IN YEARS LAST BIR	2 27		M NOER 24 HRS
	F 4	s ofte	3.00	MALE	0.	TIMORE	MONTH	17 1955	32	YRS		
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	eath	in 72	10	PARYLAND	4.	S. A.	WIDOWE	DIVORCED [	ANNE A	RUNO	EL CO.	MD.
	fter	1	10 0	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSING THE FACILITY, GIVE STREET	ADDRESS)	ROTHER INSTITUTION	120 USUAL OCCUPATION	F WORKING LIFE	INDUSTRY	
201	ors o	\$ \$ \$ \$	-1/	ASADENA	8256			ROAD	CONTRACT	SPECIAL	ST +HUMA	N SETZUIC
ND 21	24 ho	alled a		AL RESIDENCE (IF NURSING HOME STATE 36 COU!	NTY	13: CITY OR TOWN		13d INSIDE CITY LIMITS?	13e STREET ADDRESS / 8256 OLL	ZIP COLPA	ROAD. 2	21127
YLA	thin	The State of the S		ATHER'S NAME		1110110		15. MOTHER'S MAIDEN NA	ME			
MAR	w be	omple ond	1	BENJAMIN	WIDDLE	GRIFFI		LORETTA	MIDDLE		OLIVE	ER
ORE,	xecut	Poges Amedical		WAS DECEASED EVER IN U.S. AF	MED FORCES?	166 SOCIAL SECU		17 INFORMANT MRS			0,21/2	
A L	e e	- : "				216-60	-5967	AMY OLIVE	R 8256 C	LO MI		
BALTI	cote	physicio spopers movol.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE				RY FAILUR	6		APPROXIMATE BETWEEN ONSET	AND DEATH
5 1	1	ng ph remo			TE CAUSE (a)	KESPIN	2A TO	ay Milar				
PRESTON ST	Je to	corting or or motic			DUE TO, O	R AS A CONSEQUE	NCE OF	SARCOMA			6 - 1-4	
S S	e de	move notio		Conditions, if any, which gave rise to immediate	(b)	KAPL	/3/	SARCONA				
*	to th	by th	Н	couse (a), stating the underlying couse lost	DUE TO, C	R AS A CONSEQUE	NCE OF	4/05				
201	t sa	ple purio y, or		PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN	IN PART 110	
RDS	ed o	Ther r to b	ON N	NONE								
5	30	Prio Drio	CERTIFICATION	190 DATE OF OPERATION	196. COND	ITION FOR WHICH	OPERATION	WAS PERFORMED	200 AUTOPSY?		VERE FINDINGS I	
AL R	The Cian.	ort be		NONE					YES NO S	YES [	□ No	0 🗆
2	AN:	front p front p Hygier 18 sho	8	210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING ] CAUSE OF DE	THE PARTY A	OF INJURY .M. MONTH DA	Y YEAR	2 ic HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	IN ITEM IB PART	I OR PART 2)	
Ö	SICI Ing F	Mentol or Hem	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	R) P	.M. OF INJURY	19	211 LOCATION	1000	4.4		
DIVISION OF VITAL RECORDS	G PH)	the bu	MEC	WHILE NOT WHILE AT WORK		REET FACTORY, OFFICE, F	ARM, ETC )	STREET	CITY OF TO	WN -	COUNTY	STATE
ā	O NO	Afte os oolth mor		22a.1 certify that (1) (this hosp	ital) attended t	ne deceased from	Fehre	ary 198-	F 10 ACC	27 19	87 that	(It (we) last
	TTEN	for u		saw the deceased alive or above (filme) (did) (did no	_/)100	22 197	77. on	d that in (my) (aur) apinion	death occurred on the de	ate and hour a	nd from the cous	es stated
	A AC	iREC is hed ept them		22b. SIGNATURE	-B 1	11000	. 0	DEGREE	P2 1		221 DATE SIGN	NED 627
	AL C	detack ofe Do		Claure		word r	w		MEDICAL STAT		12/2-	1/01
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	D HC	should be de with the Stotl		DR. CEDRI	c Du1			3800 Res	nework Ra	, WASH	. De. Z	0007
	T		230	BURIAL, CREMATION, REMOVAL	236 DATE			METERY OR CREMATORY	23d LOCATION CITY OR TOWN	ç	COUNTY	STATE
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		- 16 60M 7/84	19	NONTER FUN	EKAL	ADDRESS ADDRESS	LIVO	DEC DEC	TE REC'D. BY REGISTRAR	36 REGISTRA	A SIGNATURE	ML .
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7 STATE REGISTRAR

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21	54 1 E	VI	1425-00	4117	MILL

DEPARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH

Y G	IENE		
	B REG. NO.	3 1	4 121
	20. DATE OF DEATH MONTH DAY	YEAR	26 HOUR
	DECEMBER 11,	1987	313 AM
		UNDER I YEAR	IF UNDER 24 HRS
	80 YRS.	VINS	MOURS MIN.
7	9 BALTIMORE CITY OR COUNTY O		
	ANNE ARUNDEI	. COUN	TY MD.
	120. USUAL OCCUPATION	126. KIND O	F BUSINESS OR
	(TYPE OF WORK FOR MOST OF WORKING LIFE) Homemaker		
1	130 STREET ADDRESS / ZIP COST	n Burr	nie
	8 Vista Avenue,	Fernda	ale, 2106
IAN	AE		
	WIDDLE	Hood	
	ADDRESS Glen	Burnie	2
er	ngert, 113 4th Ave		
	1.	BETWEEN	MATE INTERVAL
1	tarction	19	+ houses
		4-77	7

074957 DEC 15 DECEASED NAME (TYPE OR PRINT) LILLIAN GRIFFITH 4 RACE 3. SEX 5. DATE OF BIRTH Female. White 18. 1907 August To BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED USA Odenton WIDOWEDK 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION GLEN BURNIE 136 COUNTY 730 STATE 13d. INSIDE CITY LIMITS? 13c CITY OR TOWN Maryland AA Ferndale NO X 14 FATHER'S NAME 15. MOTHER'S MAIDEN N MIDDLE Dennis Knight Clara 166 SOCIAL SECURITY NO. 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? YES NO OR UNKNOWN) 218-14-2079 Elizabeth 18 CAUSE OF DEATH (Enter only one couse per line) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PARTIZE OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO 216. TIMBOF INJURY 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC 1 22a 1 certify that (1) (this hospital) attended the deceased from. sow the deceased alive on, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (ILiwe) (did) (did not) view the body after death DEGREE 226 DATE SIGNED ATTENDING PHYSICIAN C DIRECTOR | PHYSICIAN 22e ADDRESS BURNIE, MARYLAND Gudwin, m. 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL STATE Burial Glen Haven Mem. Park Glen Burnie

DHMH - 16 60M 7/84 (VRA 15, 4)

should be deto

IMPORT/

24 FUNERAL DIRECTOR James S. Kirkley, Glen Burnie, MD BY REGISTRAR 256. REGISTRAR'S SIGNATURE

NO WINDS AND STATE OF THE SALE SALE.

					FOR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY	CIENE	
7	7 1	70 "		1-	STATE REGISTRAR	VII AKII	CERTIFICATE OF DEATH	8 7 REG. NO	3 3 7 4 3
1	/	13 JA	N -6		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR
	3	oge 3		TYPE	Car	ria lones	Hall	1	2 27 87 11 AM
		Aog a		3. SE		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRT	
		ector,		-	Female	Black	MONTH OAY YEAR S		YRS. MONTHS DAYS HOURS MIN.
		Hours	7 5		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OF	COUNTY OF DEATH
		deoth.			the ma	USA	WIDOWED DINORCED	Anne A	rundel Co mo
		the fe	87	10. C	TY OR TOWN OF DEATH		NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATIO	ON 126. KIND OF BUSINESS OR
102	3	by th	) J	Cr	ownsville	Fairfield Art	andel Nursinalen	TER Home Ma	
212		d be	9		AL RESIDENCE IN NURSING HOME OF TATE 13b. COL	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR UNITY 13c. CITY OR TOW		134 STREET ADDRESS	21406
A	d	22	1		MD A	A. Annax			ASAPOARO
77	-	ately 2 sl	1	14. FA	THER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN N	AME	IZALI
W		D TO	No.		wm	LONGS	ANNIE	-	Unker.
RE,		S C C	dicol		AS DECEASED EVER IN U.S. A			ADDRE	S A-NNA pohis, md
WOW		x 00	ned	T.	ES, NO OR UNKNOWN) (IF YES, G	GIVE WAR OR DATEST 219_54	4449 Virginia	Noch 145	127 Earwood con
E		cion.	2			only one couse per line for (p), (b), or	which is		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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PRESTON		-	9		Conditions, if ony, which	DUE TO, OR AS A CONSEQU	need age		
2		1000	1		gave rise to immediate	(5)			
3.		/ Just	¥		couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQU	ENCE OF		
201 W.	3	A Par	ji.		DART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	PANNAL DISEASE OF CONF	NITION GIVEN IN PART VO
		Vi.	1	Z	PART 2 OTHER SIGNIFICANT	O Carry	train since	mp	STOR GIVEN IN PART 110
RECORDS		bee mit.	ony	Ĭ	190 DATE OF OPERATION	LIST CONDITION FOR WHICH	OPERATION WAS PERFORMED	20e AUTOPSY?	206 IF YES, WERE FINDINGS USED
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VITA	- 1	ysicie icote ronsit	8 2	1 8	218. ACCIDENT WAS UNDERLYING			IRRED (ENTER NATURE OF INJUR	Y IN ITEM IS PART I OR PART 2]
7		phys rtifico ol-troi to! Hy	ELA	ICAL (	OR CONTRIBUTING CAUSE OF D				
N		ending this ce the burich	or He	H	(IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED	P.M. 21e PLACE OF INJURY	21f LOCATION		
DIVISION OF			o pe	MEDI	WHILE IN NOT WHILE IT	(AT HOME, STREET, FACTORY, OFFICE,		CITY OR TOV	VN COUNTY STATE
2		Affer of 1th o	-x		AT WORK		2/4 00	12/12	27 07 2
	-	DR: OR	.s			spital) attended the deceased from	01)	to death assured as the de	te and hour and from the couses stated
		RECTC red for	n 21			not) view the body after death.	1 1 1	in death accorred on the do	
		OR he	±		7% SIGNATURE	LA 1.1 1120	DEGREE	MEDICAL _ STAF	224. DATE SIGNED
		A th	- -		Ment 1	prin , w. ween	PHYSICIAN	DIRECTOR PHYSIC	IAN [ 12/24/3/
		d b	ZY I		274 SHYSICIAN'S NAME (1111		220 ADDRESS 25	68A Riva Road	d //
	3	O FU	PORT		1. Derez A	on M. Wm. WR	1 760	napolis, MD	
	(	D = 5 4 3	3-	220 1	LIDIAL CREMATION BEAGON	1 22 0475	NAME OF COMPTERY OF CREW YORK	224 LOCATION	

Annapolis MD 21401

TORY 23d LOCATION

LIVOR TOWN

COUNTY

LION H) SAL//MORE CITY

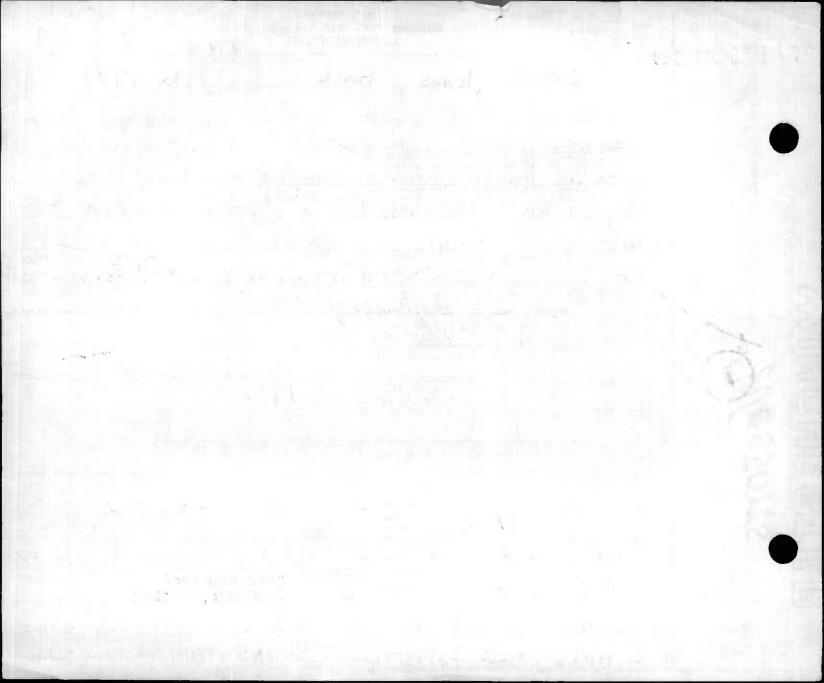
SO DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE

DHMH - 16 50M 1/81 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL
SPECERY

24 FUNERAL DIRECTOR

236. DATE



	A STATE OF	1.	FOR STATE			DEPAR		EALTH AND MENTA		~~	7 3	7 4	4
1758	3 5 3 DEC 22	87	REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO.	() ()	2 -	
	100000		fo .	FIRST		NIDDLE	1	AST .	20. D		ONTH DAY		HOUR
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	offe of	3. SEX		4.	RACE	E 21	5. DATE C			E (IN YEARS LAST BIRTH	DAY) IF U		UNDER 24 HRS
		1	Mal	e (	Caucas	ian	Mark	ch 72, 7	906	81	YRS.	THS DAYS H	OURS MIN.
	Poge direct		THPLACE (STATE OR FOR	REIGN 7b.	CITIZEN OF	WHAT COUNTR	Y? 8		9.6	LTIMORE CITY OR		DEATH	
	£ 25 35	M	ayo, Mary	land	U.	S.A.	WIDOWE	DINEVER MARRIED		NALE ADVI	LIBOUN	- (D)	MD.
	e de la		Y OR TOWN OF DEAT				SING HOME C	R OTHER INSTITUTION	N 120 L	SUAL OCCUPATION	N	126. KIND OF B	
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0 2	24 ho			3b. COUNTY	rundel	Harwo	DOD	13d. INSIDE CITY LIMI	- 4	425 bar Musd d	ly Cre	ek Rd	.20776
N N			ryland An	ne Ar	under	mar w	, , ,	YES NOTHER'S MAIDE	7).				
PRESTON ST., BALTIMORE, MARYLAND 21201	Plerely and 22		oseph	MID	DDLE	Hall Ast		Mary		WIDDLE		LAST	
E S	5	200	AS DECEASED EVER IN	U.S. ARME	D FORCES?	166. SOCIAL SE	CURITY NO.	17. INFORMANT	V	ADDRES:	S		
MOR	Pogres			(# YES, GIVE W		218-36.		Morris	С. На	ll Jr. S	ame a	as 13e	
Ē	cion Frs. 1		in CAUSE OF PEATH	(Fate and								APPROXIMA	TE INTERVAL SET AND DEATH
86	DING PHYSICIAN: The low requires that the death certificate or attending physicion.  After this certificate has been signed by the ottending physic est the burial-transit permit. Then please remove carbon popply had Mental Hygiene prior to burial, cremation, or removal marked or Item 18 showsany injury, or other traumatic event, the province of the		18. CAUSE OF DEATH PART I. DEATH WA			Cavali	Sec OX	hain Die	Α.			Imm	
ST				MMEDIATE (	CAUSE (o)	CAMALI	-6 01	Ny MIM				1 AI M	CO 1001C
o N					DUE TO, O		DUENCE OF	1 Tutar	retion			13	
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· A			couse (o), stoting underlying couse		DUE TO, O	AS A CONSEC		a Teine	disens			Year	-1
6			PART 2. OTHER SIGNI		(c)	COTOV					TION CIVEN		
08,3			PART Z. OTHER SIGNI	4		DNIKIBUTING	O DEATH BUT	NOT RELATED TO THE	ETERMINALI	DISEASE OR CONDI	TION GIVEN	IN PART 110	
0		NT OF	190 DATE OF OPERATION	4	Semo	TION FOR WHI	CH OPERATIO	N WAS PERFORMED	1 20	o AUTOPSY?	20b. IF YES. W	ERE FINDING	S USED
2		CERTIFICATION	THE DATE OF OTERATE	011	1/8 COND		211 01 2111110					IG CAUSES O	
TAL		ERT	21g. ACCIDENT WAS UNDE	BIYING 🗀	21b. TIME O	F IN ILIRY		21c HOW INJURY O					110 []
<u> </u>		-	OR CONTRIBUTING CA		110110 4		DAY YEAR		, , ,	Elelen lanione of moon.			
O Z		MEDICAL	(IF EITHER NOTIFY MEDICA		P.		19	211 LOCATION					
S		MED	21d INJURY OCCURRE		(AT HOME, STE	OF INJURY REET, FACTORY, OFFI	CE, FARM, ETC )	STREET		CITY OF TOW	N	COUNTY	STATE
DIVISION OF VITAL RECORDS, 20		fter os th th on brkec	AT WORK							12-1-		C-7	-
	40 (1)		220.1 certify that (1) (1	this hospitol	) ottended th	e deceosed Iro	1. 20	. 19_		0 12/	. 19.	, the	
	p for	750 Sept. of 2010	sow the deceased above, (1) (we) (die	d olive on d) (did not) v	view the body	ofter ceath.	_0_0_, 0	nd that is (my) (our) o	pinion deoth	occurred on the dot	e and hour or		
	OR ATTEN e hospitol DIRECTOR oched for u Dept. of He		22b. SIGNATURE	M	0.	1		DEGREE		57455		22c. DATE SH	GNED
	AL CAL Deto		Smer	911	ner	//	YV	1 D ATTEND		DICAL STAFF ECTOR PHYSICIA		17/3	10)
	HOSPITAL ined by fl FUNERAL uld be det of the Stote		22d PHYSICIAN'S NA	ME TYPE OR P	RINT)	1		22e ADDRESS	1	1	1	1.	/
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	5 5 5 3 X	23a E	URIAL, CREMATION, R	EMOVAL	23b. DATE	2	C NAME OF	EMETERY OR CREMA	TORY 23	LOCATION		OUD.	11415
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	DHMH - 16 50M 1/81	24 FU	INERAL DIRECTOR						BEU 9		A REGISTRA	DESENSE OF	Edito.
	(VRA 15, 4)	R	obert E.	Evan	S	ADDRES	Sanal:			- 1001	,		-

STATE OF MARYLAND

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oße 5. DATE OF BIRTH 4. RACE 3. SEX à 7a. BIRTHPLACE I STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? COUNTRY WIDOWED DIVORCED [ ID. CITY OR TOWN OF DEATH HOSPITAL NURSING HOME OR OTHER INSTITUTION LIE NOT IN SUCH EACHITY GIVE STREET ADDRESS) GLEN BURNIE NORTH ARUNDEL HOSPITAL DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE OF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a. STATE 136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? NIO 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDI ARMED FORCES? INF YES, GIVE WAR OR DATES! 18 CAUSE OF DEATH (Enter only one cause per line for (p), (b), and (c)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 7.18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 21e PLACE OF INJURY 0 214. INJURY OCCURRED STREET AT HOME, STREET, FACTORY, OFFICE, FARM, ETC 1 NOT WHILE AT WORK 220. | certify that (1) (this hospital) ottended the deceased from... saw the deceased alive on 12-25 above, (H (we) (did) (did not) view the bady after death. 226. SIGNATURE EGREE ATTENDING = be deto e State PHYSICIAN MPORTANT. 22e ADDRESS ld b 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL 23d LOCATION 236. DATE BP

MIDDLE

EDWARD

FOR

REGISTRAR . DECEASED NAME

WILLIAM

- STATE

(TYPE OR PRINT)

DHMH - 16 50M 1/B1 (VRA 15, 4)

STATE OF MARYLAND

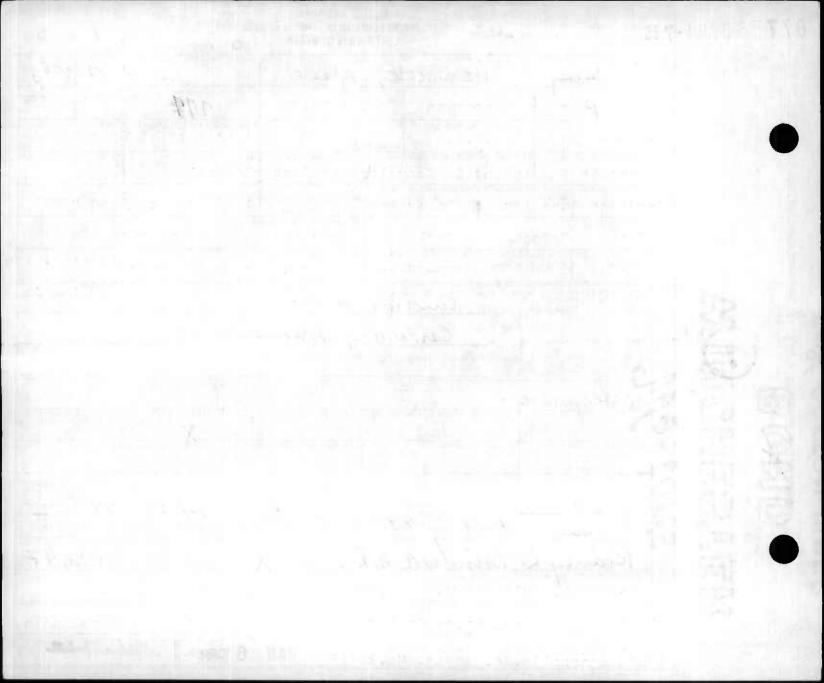
CERTIFICATE OF DEATH

HALL.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 20. DATE OF DEATH 25 HOUR JR DECEMBER 1987 158 6. AGE (IN YEARS LAST BIRTHDAY) IF LINDER 1 YEAR IF LINDER 24 HRS **BALTIMORE CITY OR COUNTY OF DEATH** ANNE ARUNDEL COUNTY 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY deNION MIDDLE ADDRESS BETWEEN ONSET AND DEAT lall. 206. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [ NOF NO [ 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY CITY OF LOWN STATE \_, and that in (my) (gur) opinion death occurred on the date and hour and from the couses stated 22c. DATE SIGNED MEDICAL STAFF DIRECTOR PHYSICIAN 7422 BALTIMORE-ANNAPOLIS BLVD. MARYLAND 2106

be for a fairfille by the think of the second M E B Walter Hotel 93 Land M YIKKS JEWINA BOW A 27 JULY 6201 LES BURNES DON'T RECORDE ROST TALL TO A CONTROL OF THE PROPERTY OF THE PROPERT EM AGENT PRANTES X MAINTE A HI DON MINERAL PORTON OF THE TOTAL PROPERTY OF THE PR No 2 Personal and provide the grant of the best of TALL BALLINGER CONTROL BLVD.

STATE OF MARYLAND



I DEC	8,8	FOR STATE REGISTRAR			DEPART	MENT OF H	OF MARYLAND EALTH AND MENT ICATE OF DEAT	TH	ध	/ REG.		·y	7	4	7 EST
e ŧ		CEASED NAME	FIRST	Y	MIDDLE	HANI	ast .			OF DEATH		2 DAY	YEAR	26 HOU	_
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ding physicion or schonpopers. Poor or removol.		18. CAUSE OF DEATH PART I. DEATH W.	AS CAUSE	D BY: E CAUSE (o)_	er line folio, con line full	to C	oma an	ol to	ince	That	gat	4		MAYE INTE	RVAL D DEATH
pers.		18. CAUSE OF DEATH PART I. DEATH W.	which sediote g the lost.	DUE TO,  DUE TO,  DUE TO,  (b)  DUE TO,	or ASA CONSEQUED OR ASA	JENCE OF	oma an Hent F Melli	al t	nce r-t	That	gat	K Fa			Par Par
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icote has been signed by the attending physicion ronsit permit. Then please remove carbonpopers. Hygiene prior to buriol, cremotion, or removal.	CERTIFICATION	Conditions, if ony, gove rise to imm couse (a), stoling underlying couse	Which which lediote g the lost.  IIFICANT C	DBY: E CAUSE (0) DUE TO, (b) DUE TO, (c) CONDITIONS (19) 196. CON 1196. TIME HOUR (1)	OR AS A CONSEQUENCE OF INJURY	JENCE OF  JENCE OF  DEATH BUT	ma am Heart F Melli NOI RELATED TO T	alternin	NCL N-C	ASE OR CO	PAN STORM TO SERVICE T	GIVEN YES, W RTIFYIN YES	APPROVIDENCE OF THE PART 1	WATE INTE ONSET AND YEAR YEAR NGS USE S OF DEA	Pair CS DATH?
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Glen Haven Mem.Pk.

M.Pk. Glen Burnie A.A.Co.

DEC - 7 1007

DHMH - 16 50M 1/81 (VRA 15, 4)

BP\_

Burial

12/7/1987

McCully Funeral Home, 130 E. Fort Ave.

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The late of the la

DHMH - 16 60M 7/84

(VRA 15, 4)

	STATE OF MARYLAND ENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	8 /REG. NO.	3 7 4 8
ia (NMN)	HANDLEY	DEC. 11, XXXX	DAY YEAR 26 HOUR
an	5. DATE OF BIRTH November 14, 19	6. AGE (IN YEARS LAST BIRTHDAY) 07 80 YRS	IF UNDER LYEAR IF UNDER 24 HRS
VHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	Anne Arundel C	
FACILITY, GIVE STREET A	HOME OR OTHER INSTITUTION DORESS) TETAL Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LE  Operator	FE) INDUSTRY C & P Telephon
GIVE RESIDENCE BEFORE A 13c CITY OR TOWN Crofton		2 136 STREET ADDRESS / ZIP CODI 1102 Soho Court	21114
itzgerald	Is mother's maiden Bertha	NAME	unk.
16b. SOCIAL SECUR	ITY NO. 17 INFORMANT	1102 Soho C	ourt

18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT	ly one couse per DBY: E CAUSE (a)	HUTEMYOLARGINE INFANCTI	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
Conditions, if ony, which	DUE TO, OF	AS A CONSEQUENCE OF MHART	PINEASC
gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OF	AS A CONSEQUENCE OF	

E77 Ol OE874 Dorrowler A Moll

190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING

21e PLACE OF INJURY

DIMBERBS ABUTINS

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

AT HOME STREET, FACTORY, OFFICE, FARM ETC.)

211 LOCATION

DEGREE

23c NAME OF CEMETERY OR CREMATORY

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

NO

20a AUTOPSY?

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T

STATE

COUNTY

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

CITY OR TOWN

our) opinion death occurred on the date and hour and from the causes stated

22c DATE SIGNED

SI UER MO

(IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED

NOTWHILE

(did) (did not)

23d LOCATION

Suitland

Julia Divideon- Randalle

(SPECIFY) Buria

230 BURIAL, CREMATION, REMOVAL

AT WORK

MEDICAL

FOR 87 STATE REGISTRAR 1. DECEASED NAME

(TYPE OR PRINT)

Female

Annapolis

Maryland FATHER'S NAME

John

(YES, NO OR UNKNOWN)

To. BIRTHPLACE (STATE OR FOREIGN

Washington, DC

JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 130 STATE 136 COUNTY

WAS DECEASED EVER IN U.S. ARMED FORCES?

3. SEX

XV CAFA A Cece

4 RACE

Caucas:

Anne An

Anne Arunde

MIDDLE

(IF YES, GIVE WAR OR DATES)

USA NAME OF H (IF NOT IN SUC

76 CITIZEN OF

Beall Funeral

Cemetery 16000 Annapolis Road

MD 20715-3013

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1						STAT	E OF MARY	LAND							
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	in	HIGISTRAR				CERTIF	ICATE OF	DEATH	8	REG. N	10 0	3	1	4	1
U		CASED NAME	FIRST		MIDDLE	·	AST		20. DATE O	OF DEATH	MONTH	DAY	YEAR	26 HOL	1 /
á	litre	OK PRINT)	CLAU	DE	0.	HANSEN			1	4	12	15	87	8'	AM
	1.5E)			4 RACE		5. DATE C		YEAR		YEARS LAST BI	RTHDAY)	MONTH:	DER I VEAR	IF UNDER	24 HRS
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+	- FR	regon		United	States	WIDOWE	110	DIVORCED [	Anne	Arun	del (	Count	cy,		MD.
1	10 CI	TY OR TOWN OF	DEATH		HOSPITAL, NURSING			ISTITUTION		L OCCUPAT		121	L KIND O	F BUSINE	SSOR
	A	nnapolis	3	Bay M	HEACHITY, GIVE STREET A	sing I	Home			horem		stre) HA	L. L. W	I.U.	18
2		AL RESIDENCE IN	NURSING HOME OF	OTHER INSTITUTION	GIVE RESIDENCE BEFORE		113d INSIDE	CITY LIMITS?	13e SZREE	T ADDRESS					
2	Ma	ryland	J.G.		Mitchell		YES A	NO 🗌	1620	ADDRESS OXI	ord (	Ct./2	20716		
7	H FA	THER'S NAME		MIDDLE	LAST		15. MOTHE	R'S MAIDEN NA	WE	WIDDLE			IAS	7	
10	/P	eter			Hansen		Jo	anna		, and the same of	not	Ava:	ilabl	е	
2		VAS DECEASED E		MED FORCES?	166. SOCIAL SECU		17. INFOR			ADD				10.75	- 201
Ľ	2	No	(11 123, 011	WAR OR DATES	540-10-8	3240	Ruth	E. Cox	, Same	as a	13.		- 3		
3		II CAUSE OF D	EATH Enter or	ly one cause per	Kine for (o), (b), and	1800			2	1			BETWEEN	MATE INTER	DEATH
		PART I. DEA	TH WAS CAUSE	D BY	ardio 1	pul	~ m	ing	ONI	N. F					
		DUE TO, OR ASPROPRISEQUENCE OF													
		Conditions, if ony, which (b) Chrome Faither													
		gove rise to		DUE TO O	R 45 A CONSEQUENCE OF /					7					
		underlying couse lost (s) Perspersof Cerenter mouls								the	2	7			
	20	PART 2. OTHER	SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELAT	ED TO THE TERM	NINAL DISEA	SE OR COM	NOITION (	SIVEN IN	PART IIc	1	
	CERTIFICATION	THE STATE OF													
0	CAT	90 DATE OF OF	PERATION	196 COND	ITION FOR WHICH OPERATION WAS PERFORMED			20a. AU	TOPSY?			CAUSES			
4	E		2002						YES 🗌	Note		YES 🗌	CHOSES	NO [	
7	8	21a. ACCIDENT WA		110110 4	F INJURY M. MONTH DA	V YEAD	21c. HOW	INJURY OCCUR	RED (ENTER )	NATURE OF INJ	URY IN ITEM I	B, PART 1 O	R PART 2)		
7	SE	OR CONTRIBUTING	MEDICAL EXAMINER	NID.	M.	19									
	MEDICAL	21d. INJURY OC	CURRED	21e. PLACE	OF INJURY	DAG STC )	211 LOCA		=116	CITY OR TO	wN	cc	YTAUC	51	ATE
	2	AT WORK	AT WORK	(Al Home, sir	REET, FACTORT, OFFICE, FA	ann, erc.)	20			( )					
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	15	sow the de abave, (1) (v	ceased olive on	t) view the body	ofter death.	7, ar	nd that in (m	y) (aur) opinian	death occur	red an the a	dote and h	our ond	from the	couses sto	ated
		Th. SIGNATURE	9	r			DEGREE					1	22c. DATE	SIGNED	
		Cul	ynie	emo		1	10	PHYSICIAN [	DIRECTO	R PHYS			12.	16.	87
		22d. PHYSICIAN	S-NAME (TYPE C	R PRINT)	11 0		22e ADDR	ESS 14h	BLL	HAM	AVB	- N	·W.	·il	101
		C.V	· CYO	RIAC.	M.D		GL	ENBU	RNI	13,	M	02	106	1.	

23c NAME OF CEMETERY OR CREMATORY

BP

DHMH - 16 50M 7/77 (VR A 15 (4))

730. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation

Dec16,1987 16000 Annapolis Rd. Bowie, Maryland 20715 24 FUNERAL DIRECTOR Beall Funeral Home

23b. DATE

Alexandria, Fairrax, VA Metropolitan Crematory 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE DEC 1 7 1987 Julia Disorder Lander

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	REG. NO.	3	3	7	ben cus	-
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	1 -	STATE REGISTRAR				CERTIF	ICATE OF DEATH	8 7 REG. N	0. 3	3 7	5 0	
1		EASED NAME	REBA		WIDDLE	H	ARNE	20. DATE OF DEATH	12 - 1	5-87	26 HOUR	h
1	d. SEX	FEMA	LE	CAUC	ASIAN	5. DATE C		6 AGE (IN YEARS LAST BI		FUNDER I YEAR	IF UNDER 24 H/S	
1		RIHPLACE (STATE	OR FOREIGN	76 CITIZEN OF United	what country? States	8 MARRIE WIDOWE	DENEVER MARRIED	9 BALTIMORE CITY O	OR COUNTY		M	D.
11	D.	TY OR TOWN OF	DEATH	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	Hospital	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O ACCOUNTAIN	DE WORKING LIFE!		Gov1t	2
-	13a 5	TATE TATE aryland	136 COU		GIVE RESIDENCE BEFORE  130 CITY OR TOW  Crofto	N	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS 1718 Gran	/ZIP CODE	urt/21:	114	
)	1900	THER'S NAME	R	MIDDLE 1	Veely		is mother's maiden na First Manie	WIDD18		ckhart		
	160 W	VAS DECEASED EY	VER IN U.S. AR	MED FORCES? E WAR OR DATES!	578-50-8		Robert E. H	arne, Same			MATE INTERVAL DINSET AND DEATH	
)	Neg.	Conditions, if ony, which gave rise to immediate cause Io1, stating the underlying cause last.  Due to, or as a consequence of a cides is  Due to, or as a consequence of a cides is  Due to, or as a consequence of a cides is										
No.	TION	Del	ydro	tion,	renal.	4Qul	14	MINAL DISEASE OR COM	رق .	N IN PART LIC	1. 1.12	
2	CERTIFICATION	90 DATE OF OPE				U	HI WAS PERFORMED	YES NO MO	IN CERTIFY YES	ING CAUSES		
1	MEDICAL CE	210. ACCIDENT WAS OR CONTRIBUTING (IF EITHER NOTIFY) 21d INJURY OCC WHILE AT WORK	P. PLACE	M. MONTH DA M. OFINJURY	MONTH DAY YEAR			URRED (ENTERNATURE OF INJURY IN ITEM 18 PART I OR PART 2)  CITY OR TOWN COUNTY				
-20		22a   certify that (1) (this haspital) attended the deceased from 19										st
/		BURIAL, CREMATK	BBSS DN, REMOVAL				EMETERY OR CREMATORY VILLE Vet.Cem	23d LOCATION CITY OF TOWN Crownsvi	11e,A.	A. Mar	ylanď.	

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT, II

M FUNERAL DIRECTOR

Beall Funeral Home

16000 Annapolis Rd. Bowie, Maryland 20715

DEC 1 7 1987

STATE OF MARYLAND	
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-				STAT	E OF MARYLAND					
075967 BEC	22	ECR			EALTH AND MENTAL	HACIENE				
O 1 3 3 0 1 DEC	43				ICATE OF DEATH	Ch.	-7	1 2	7 5 1	
		REGISTRAR				5	REG. NO.	0 0	2 2 1	
		CEASED NAME FIRST	Ben12	niN .	LAST	2a DATE OF	DEATH MONTH		EAR 26 HOUR	-
noy be page 3		Thoma		Hai	UKINS		12	17 8	7 12/	M
Page 1	3. SE		4 RACE	5. DATE O	OF BIRTH	6 AGE INYE	ARS LAST BIRTHDAY)	IF UNDER		185
4 offer		M	R	MONT			0	MONTHS	DAYS HOURS M	IN.
oge	7. 0	RTHPLACE ISTATE OR FOREIGN		10	200	/	Y	RS.		_
E 55 24		RTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT	MARRIE	D NEVER MARRIED		E CITY OR COL	. 1	IH /	
death.		Ma	N.S. H	WIDOW	DIVORCED	Anne	Arun	del (	۵.	MD.
1 1101	10. C	ITY OR TOWN OF DEATH		AL, NURSING HOME ( TY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION		CCUPATION FOR MOST OF WORK	ING LIFE) INDU	IND OF BUSINESS	OR
5为节题厘	E	daeWATer		/	lescent Ct.		rormostorwork	ING LIFE) INDU	SIRT	
120 ours	USU	AL RESIDENCE (# NURSING HOME O	R OTHER INSTITUTION GIVE RE	SIDENCE BELORE ADMISSION)	escent Cit	1 IAITE	,,,,,,			_
D 2	130.	TATE 13b. COU	NTY 13c. C	ITY OR TOWN	134 INSIDE CITY LIMIT	S? 13e.STREET A	DDRESS / ZIP	CODE	51	2
AN 2		and A.A	IA A	NAPOLIS	YES NO		ArKes	E AVE	2140	
是 表	14. E	ATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN	NNAME	MIDDLE		1457	
W P E O		Ihomas	H	AWRING	6010			Lit	Hie.	
SE, sel		VAS DECEASED EVER IN U.S. AF		OCIAL SECURITY NO.	17 INFORMANT		ADDRESS			
MORE of execution on the control of	-	YES NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	1 15 0024	maria E	ALL A 40	Parka		0	h
LTIA				1-03-0/87	11114816 1	04   618	BBARY	TUR	HUNA	<u>//</u>
ficate poper poper avol.		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per line to	r (0), (b), and (c).)				SET	WEEN ONSET AND DEA	Н
F 2 4 C C >			TE CAUSE (o)	neumoni	C			1	Week	-
			DHE TO OP AS A	CONSEQUENCE OF					11	
PRESTON ne deoth co emove carb motion, or ritroumotic		Conditions, if ony, which	( (b) C	VA				14	1/2 4Ra	2
re d		gove rise to immediate							14	
W. hat the hat the by the seere of the other		couse (a), stating the underlying couse last.	DUE TO, OR AS A	CONSEQUENCE OF						
0 + 0000			(c)							
	7	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRI	BUTING TO DEATH BUT	NOT RELATED TO THE	TERMINAL DISEASE	OR CONDITION	N GIVEN IN PA	RT 1101	
ORD request	₫									
Iow requirement. There in injur	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION	FOR WHICH OPERATIO	N WAS PERFORMED	20a AUTO	SY? 20b.	IF YES, WERE F	INDINGS USED	
	E					YES 🗍	NOF	YES [	NO []	
DIVISION OF VITAL  NG PHYSICIAN: The  ottending physician  the this certificate has the burnel transit p  th and Mental Hygier  orked or them 18 show	<b>H</b>	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJU	RY	21c. HOW INJURY OC		URE OF INJURY IN ITE	M IS PART I OR PA	(RT 2)	
DF VIT		OR CONTRIBUTING CAUSE OF DE								
ON OF	Š	(IF EITHER, NOTIFY MEDICAL EXAMINE		19	AV LOCATION					_
PHY Hendi	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJ	TORY OFFICE, FARM, ETC.)	211 LOCATION	0	CITY OR TOWN	COUN	ATY STATE	
oth oth horke	-	WHILE NO THE T		. 1-	100	1/1	1 . 4 .	1		
ADIR OF SEE		Hall certify that (1) (this host)	Total interpretate shy dece	Sund Flore_ C	19_	, to	eller	. 19	, that (h (====)	last
TEN TOR Or u		saw the deceased alive as	12/12/	8/19_1	nd that in (my) (our) opi	inion death occurred	on the date and	d hour and from	m the couses stated	1
R ATTI hospi RECT hed fo ept. of tem 2		obove (I) (we) (did) (did no	I view the blody offer of		DEGREE			220	DATE SIGNED	
0 % 0 % 0 #		Mallain	10.111	1. 1.	ATTENDIN		STAFF _	10	2/10/05	1
4 4 7 5 F		IVILA	Line	Minim	PHYSICIA	AN DIRECTOR	PHYSICIAN [		410/8	1
HOSPII Inned b FUNER Wild be h the Si		22d PHYSICIAN'S NAME (TYPE	OR PRINT)		772 ADDRESS	5000 10	1	1.	1	
		reter - VE	ekouu	)	18551	6/coll	r. Muu	apolis	Ma 2140	/
5 t 5 t ₹ ₹	23a	BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF C	EMETERY OR CREMATO	ORY 234 LOCA	ION	7		
BP	T	SIL SI A	12-23-8			O CITY C	RIOWN	COUNTY	A- ma	H
UI .	24 F	UNERAL DIRECTOR	100000	ANNA:	ALVARY 1250		GISTRAR 25b. RE	GISTRAPIS SH	4. 1. [	
DHMH - 16 60M 7/B4	-	C NAME 1	GAA C	ADDRESS	13/110/	0.00	16	6	704.00	
(VRA 15, 4)		TO HICICS	712 + 0r	est Driv	4	JEC 22 19	8/ 1/2/24	· CLANDON		

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(VRA 15, 4)

ATHERINE LEW HEARINGS CONTRACTOR THE LEW AND THE WASHINGTON TO THE PARTY OF T AND THE DESIGNATION OF THE PROPERTY OF THE PRO Early Bridge Bridge State of the State of th A COLLEGE SERVICE MANAGEMENT OF THE SERVICE SERVICE SERVICE SERVICES SERVIC The St. of Marine of the Street A His colours of the Aller myse susage wingth the second The second

1601 111 1-7 1-8 PEOPLE THE PROPERTY OF SMARTHER THE STATE OF The Determination of the Arms Branch Arms Ishnor Awar A The state of the s LEGISTER THAT I EDWARD TO MINEY-SJ El # El KIN IN E REPORTED - CO The want of multipline relatively Known Corrupted by the grant of many Charles II. Lower X CHARLES V LINES A PERSON A PRINCIPLE AND A VICENTAL D Light of the land of the state of the state

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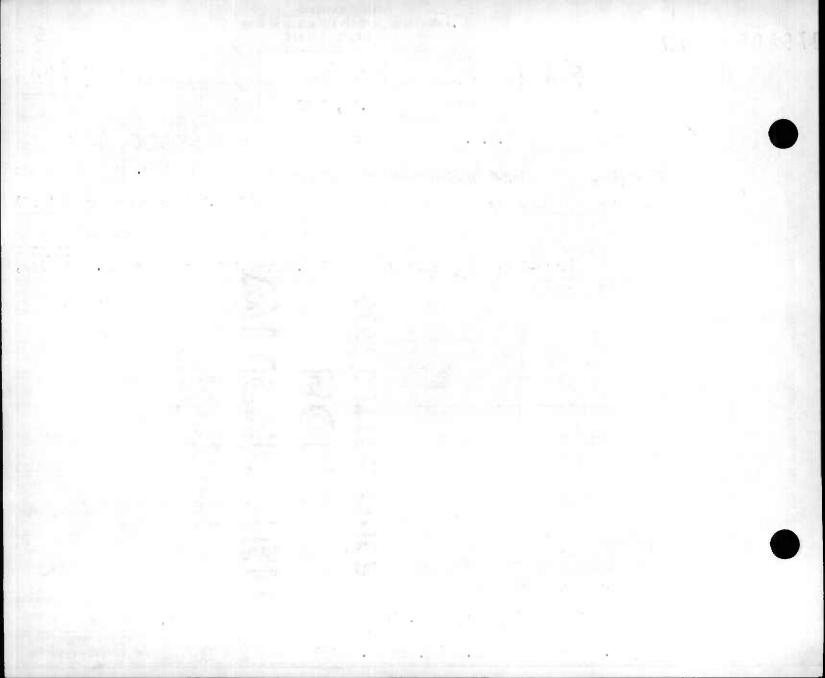
DHMH - 16 50M 1/81 (VRA 15, 4)

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3	17_	FOR STATE REGISTRAR			IEALTH AND MENTAL HYG	8 7 REG. N	. 3 3	7 5	5		
		CEASED NAME FRST	IK R	J. DATE O	PERICH	6. AGE IN YEARS LAST BIR	MONTH DAY	87 1	HOUR 45 A		
		ALE	CAUCASIAN	Sep	.28, DA 1901 YEAR	86	YRS.	DAYS HO			
7		RTHPLACE ISTATE OR FOREIGN COUNTRY)  Taryland	76. CITIZEN OF WHAT CO	DUNTRY?   8. MARRIE   WIDOWE	D NEVER MARRIED DIORCED D	PALTIMORE CITY OF	COUNTY OF E	DUA	VTY.		
3	A.	ANA POLIS	ANNE ARUN	NURSING HOME CONTESTS DEL CENT	OR OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST OF OP CHANCE		L KIND OF BU	ervic		
1	Ma		other institution give reside ity is city gomery Silv	or town er Spring	134. INSIDE CITY LIMITS? YES A NO	13. SIREET ADDRESS	iamsburg	, Drive	2090		
1	14. FA	John	Hudz	ik i	Catherine	MIDDLE	Gra	jek <sup>l^sī</sup>			
		VAS DECEASED EVER IN U.S. AR/ LES, NO OR UNKNOWN) 18 325 8 91	MED FORCES? 166. SOC E WAR OR DATES) 216-	H-1098	Carol A.Harp	addre er,202 Prov		d.Anna	1401 polis		
		18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSE) IMMEDIATI		DIORESPIA	PATORY ARE	EST		APPROXIMATE BETWEEN ONSE			
		Conditions, if any, which gave rise to immediate cause (a), stating the	10,	MINIAL A	OLTIC ANEURYS			10 MI	W		
1		underlying couse lost.  PART 2 OTHER SIGNIFICANT C		INOMA OF	THE PROSTATE			PART 110	2		
1	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR	R WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206 IF YES, WEI	CAUSES OF	USED DEATH?		
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAL	TH HOUR A.M. MON	NTH DAY YEAR	21c. HOW INJURY OCCURR				<u> </u>		
1	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e, PLACE OF INJUR (AT HOME, STREET, FACTOR		211. LOCATION STREET	CITY OR TO	wn c	OUNTY	STATE		
		220.1 certify that (1) (this hospital) attended the deceased from 12/21, 1987, to 12/23, 1987, that (1) (we) lost saw the deceased alive on 2/22 1987, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above (1) (we) (did) (glid not view the body latter death.									
		22% SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN						12/23	187		
	V	22d. PHYSICIAN'S NAME (TYPE OR			ANNAPOL	GIDDINGS	AVE.	/			
	1	Robert Sco	JUU Eden III		MINNING	(2)	2/401				
2		Robert Sco URIAL, CREMATION, REMOVAL SPECIFY) Burial	236. DATE 12/26/87	23c NAME OF C	EMETERY OR CREMATORY slaus Cemeter;	23d LOCATION		and a	STATE		

STATE OF MARYLAND



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# STATE OF MARYLAND

DEPARTM	ENT OF	HEALTH	AND	MENTAL	HYGIENE
	CERT	IFICATE	OF	DEATH	

8	7 REG. NO	3	3	7	5	7
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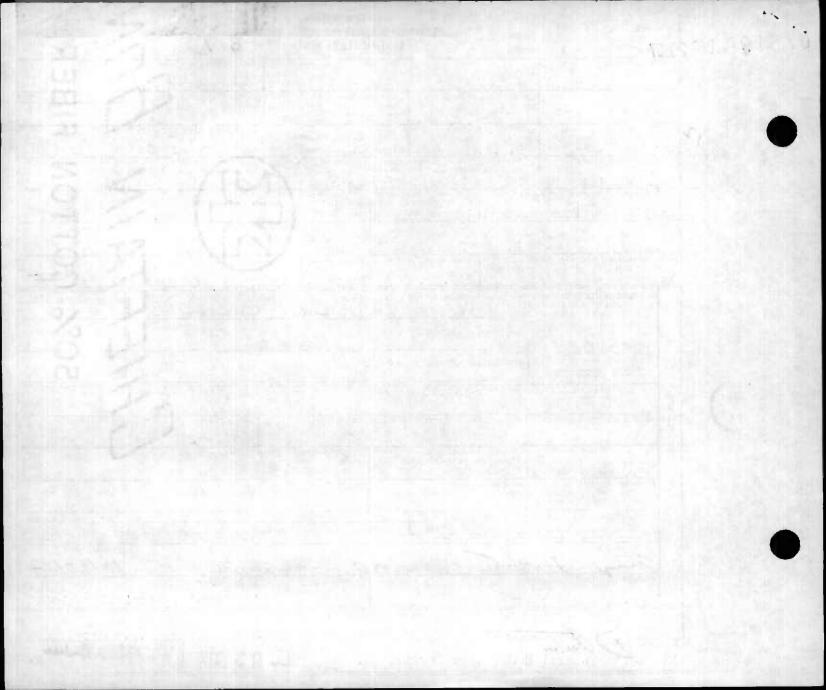
40	1 0 Meson Man				REG. N	0						
1	DECEASED NAME FIRST	MIDDLE	L	AST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR				
L	Bernard	Enos	Jef	frey	December 2	2, 1987		2:30A M				
3	SEX M = 1 =	4. RACE	5. DATE C		6 AGE (IN YEARS LAST BI		UNDER YEAR	IF UNDER 24 HRS				
L	Male	White		ber 18,1924	63	YRS						
7	a BIRTHPLACE (STATE OR FOREIGN COUNTRY)	THE CITIZEN OF WHAT COUNTRY	Y? 8 MARRIEI	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY O	FDEATH	1.4				
	laryland	U.S.A.	WIDOWE	D DIVORCED	Anne Aruno			MD.				
1	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS		OR OTHER INSTITUTION	12a USUAL OCCUPAT		126 KIND C	OF BUSINESS OR				
	Glen Burnie	108 Maple Ave	. (Fer	ndale)	Self-emplo			Remova1				
1	JSUAL RESIDENCE (IF NURSING HOME OF 136. COUR	NTY 13c CITY OR TO		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP CODE		NEW PER				
_		ArundelGlen Bui	rnie		108 Maple /	Ave.		21061				
14	FATHER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NA/	ME		LAS	st				
	John	R. Jeffre	ey	Mary	М.	100	1000	ping				
14	WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SEC	CURITY NO.	17 INFORMANT (Wife	ADDR	ESS	7					
	No N/	/A 219.28.	9098	Grace V. Jeff	rey Sai	me as #						
Г	18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b), (	and (c)				BETWEEN	MATE INTERVAL ONSET AND DEATH				
1	IMMEDIA:			10								
ı		DUE TO, OR AS A CONSEQ	UENCE OF									
1	Conditions, if any, which	(b)										
L	couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQ	UENCE OF				100					
1		(c)						4.7 (1)				
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
4	190 DATE OF OPERATION  710 ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHIC	CH OBERATION	ALLWAS DEDSORATED	200 AUTOPSY?	Table IE VEC V	YES, WERE FINDINGS USED					
4	DE PROPERTION	178 CONDITION FOR WHIC	.H OPERATIO	WAS PERFORMED	IN CERTIFY		YING CAUSES OF DEATH?					
4	210 ACCIDENT WAS UNDERLYING	1 216 TIME OF INJURY		1214 HOW IN HIRV OCCUPE	YES NO NO	YES [		NO 🗆				
C I		HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURR	CD (ENTER NATURE OF INJU	RY IN ITEM 18 PART	T OR FART 2)					
	CONTRIBUTING CAUSE OF DE.	P.M.  21e PLACE OF INJURY	19	71L LOCATION								
F		(AT HOME STREET FACTORY OFFICE	E FARM ETC )	STREET	CITY OF TO	JWN	COUNTY	STATE				
Н	AT WORK AT WORK	ital) attended the deceased from				10						
F	sow the deceased alive an	19		nd that in (my) (our) apinion o	death accurred on the d	ate and have as		that (I) (we) last				
	obove, (I) (we) (did) (did no 22h SIGNATURE	of) view the body ofter death		DEGREE			22t DATE					
	2 1	mlet	in	ATTENDING	MEDICAL STA		12/	77/87				
1	274 PHYSICIAN'S NAME ITHE	ammi )	<i>P</i> (		95 Aquahart		1000	C3/07				
	Committee of the Commit	-			Glen Burnie		land	21061				
7	Dr. Mayer Gor		NAMEORG	EMETERY OR CREMATORY	123d LOCATION	, Maryl	Land	21061				
1	(SPECIFY)				CITY OR TOWN		OUNTY	STATE				
2	Burial FUNERAL DIRECTOR MACIES	Dec. 24, 1987 G	ren Hav	ven Memorial P	KGIEN BURN:	1e A.A	. Mar	ryland				
	Singleton Funeral	Home, Glen Bur	nie. M	id. DEC	2 3 1987	ما و ما	and the	and all				
		,	,	- 35 -	F 6 1001	V						

DHMH - 16 60M 7/B4

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IMPORTANT: If Item 21 is marked or

(VRA 15, 4)



### STATE OF MARYLAND

E					4811	130%	,
8	REG. N	10.	3	3	1	5	i,
DATE C	F DEATH	MON	TH	CIAY	YEAR	2b. HC	UŖ

- 1	1	CTATE		DEPARIM	ENI OF H	EALTH AND MENTAL HTG	IENE		- 19742	D10	^
1	5 REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	o. 3	3 /	5	3
1		EASED NAME FIRST	MIC	SOLE	L	AST	20. DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR	
	{ TYPE	Fred Fred	Α.		Joe	st Sr.		11 29	87	4%	- M
1	3. SEX		4. RACE		S. DATE C		6 AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER ?	4 (10)
		M ale	W	nite	MONTH	- 18- 01	80		NTHS DAYS	HOURS	MIN.
1	70. NIE	HPLAGE er SEVERE	76. CITIZEN OF W	HAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY O	FDEATH		
	***	Connexticutx	4-5	5. A.	WIDOWE		Anne Aru	nd A. K	Jount	V	MD.
7	m. cn	TY OR TOWN OF DEATH		SPITAL, NURSING		OR OTHER INSTITUTION	120 USUAL OCCUPATI	ION	126 KIND O	F BUSINES	_
1	Sec.	gewater,	P.	L.C.C.			Toon	er Ma	FIKONALAK	uck	Co.
7	I SUA	TATE Jersey COUN	OTHER INSTITUTION, GI	TAMPTO	h Sa	AS DE CITA FIWILES	13e.STREET ADDRESS		. (	700	16
		1 Mer	cer	Tuni I I oo	09			k Road	d /	749	41
1		THER'S NAME ritz <sup>st</sup>	WIGGLE	Joest		Mary IRST	WE	Ste	einer	t	
-	16a W	AS DECEASED EVER IN U.S. AR		6b SOCIAL SECUE		17. INFORMANT	ADDRE				
5	(4)	NO OR UNKNOWN) (IF YES, GIVE	WAR OR GATES)	150-03-	5653	Fred A. Jo	est Jr. 2	2 Carv	vel E	dgew	ater
		18 CAUSE OF DEATH (Enter on	v and cover per lu	ne for (a) (b) and	Lieux	1		Mary	1 and	MATE INTERV	37
		PART I. DEATH WAS CAUSE	BY:	12 -	and the same of	2 Carries			BE I ANTE IN	JASET KNO D	EAIB
		IMMEDIAT	E CAUSE (a)	There		2 1 PTILLER					
		C 100 10 10 10 10 10 10 10 10 10 10 10 10	DUE TO, OR	AS A CONSEQUE	NCE OF						
		Conditions, if any, which gave rise to immediate (b)									
		cause (a), stating the underlying cause last.	DUE TO, OR	AS A CONSEQUE	NCE OF						
-1		PART 2 OTHER SIGNIFICANT O	(c)	TOURIST TO D	FATILIBUT	NOT DELIVED TO THE TERM	NAME OF STREET	DITION ONE	I DIOLDY 1	_	
	Z	PART 2 OTHER SIGNIFICANT C	ONDITIONS CON	A /	EAIN BUI				IN PART III	2	
-	ATIE	19g DATE OF OPERATION	19h CONDITI	ON FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, V	WERE FINDIN	VGS LISED	
	CERTIFICATION	THE OT OF EMPLOY	100.001.001	011101111111111111111111111111111111111		THE TEN ON THE	YES NO	IN CERTIFYIT	NG CAUSES		
-	ERT	21g. ACCIDENT WAS UNDERLYING	21b. TIME OF	INJURY		21c HOW INJURY OCCURR				NO [	_
1	DIAMES AND	OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M.	MONTH DA			(Etter things of this				
r i	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER 21d, INJURY OCCURRED	P.M.		19	211 LOCATION					
	ME	The state of the s		T, FACTORY, OFFICE, FA	RM, ETC)	STREET	CITY OR TO	WN	COUNTY	517	ATE
		AT WORK			7			/	773		
		22a. I certify that (I) (this haspit			9-0		, to	7 19	•	that () (w	
	-0	saw the deceased alive on abave, (II) we) (did) (did no	)view the bady at	ter death.		nd that in (my) (aur) apinian o	death accurred an the d	ale and haur a			ied
		22b. SIGNATURE		A		DEGREE	MEDICAL STA	cc	22¢ DATE	SIGNED	
		1-12	- /-	Anthor	ly IVI.	Caputo, Attending	DIRECTOR PHYSIC	CIAN	11-3	0-6	7
1		22d. PHYSICIAN'S NAME (TYPE O		7132 HOH	day U	22e ADDRESSO 201	2 Holiday	c+ I	Annap	olie	Md
1		ANTHONY M	. CAPU	Anna	polis,	Nd. 21401	Z HOLLUAY	C	amap	OTIS	, iiu.
	23a B	URIAL, CREMATION, REMOVAL	1236. DATE 12-2-8	23c N	AME OF C	emetery or crematory ood Manasq	234 LOCATION	HTH MI	FOLANTY .T F	RCEV	ATE
	D.	uriai	12-2-0	o, GI	COLIM	ood nankow	OHN HONHO	O I II IVI	TAY OF	HOLL	

DHMH - 16 60M 7/84 (VRA 15, 4)

250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE a Saindson Randalle

24 FUNERAL DIRECTOR
BEATT EVANS FUNERAL HOMEODREANNAPOLIS, MARYLAND

### STATE OF MARYLAND

FOR - STATE - REGISTRAR	DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	IENE B ZEG. NO	o. 3 â	3 7	5 9		
DECEASED NAME FIRST	MIDDLE	1	AST	26 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR A		
Helen	М.	Johr	nson	December 1	5, 1987		10:00 M		
SEX	4. RACE	5 DATE C		& AGE (IN YEARS LAST BIRT	HDAY) IF U	NDER I YEAR	IF UNDER 24 HRS		
Female	Black	Dec	. 4, DA 1952 YEAR	36	YRS.	THS DAYS	HOURS MIN.		
dicciccinni IICA			DXX NEVER MARRIED	BALTIMORE CITY O		DEATH	MD		
Severn  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IENOT INSUCH FACILITY, GIVE STREET ADDRESS) (IT WAS IN COLUMN FOR MOST OF WORKING LIFE FILING CIERK  JAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVER ESIDENCE BEFORE ADMISSION)						LE KIND C	of Business or eade		
STATE 136 COUN		RE ADMISSION)	13d INSIDE CITY LIMITS? YES NO 🕇	134 STREET ADDRESS / 1316 Ligh	zip CODE nt Pines	Ct.	21144		
David	ward Ward		Clara	WIDDIE		J	äckson		
(YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SEC 587-78-		Otis John	son, same a					
PART I. DEATH WAS CAUSE	ly one couse per line for (a), 1b', a D BY: TE CAUSE (a) HEPATI		HILURE	1/18		BETWEEN 2	MOS		
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEOL  (b) METASTA  DUE TO, OR AS A CONSEOL	TIC [	3REAST CANC	ER		7	Mos		
PART 2 OTHER SIGNIFICANT	RT 2 OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110								
190 DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATIO	N WAS PERFORMED	206 AUTOPSY?	206. IF YES, W IN CERTIFYIN YES				
716. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH E	DAY YEAR	216 HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM IS PART	OR PART 2)			
WHILE NOT WHILE AT WORK	21e PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE		STREET	CITY OR TO	WN	COUNTY	STATE		
270   certify that (1) (this haspital) attended the deceased from MAY 19 \$7 , to DEC 19 \$7 , that (1) saw the deceased olive an 11 DEC 19 \$7 , and that in (my) (aur) apinion death occurred on the date and hour and from the causes sabove (1) (we) (did) (did not) view the body after death.							that (II (we) lost causes stated		
Robert J.	Knight		DEGREE  ATTENDING PHYSICIAN	MEDICAL STAF	F IAN []	22c. DATE	SIGNED DLC 87		
Robert J. Knight M.D. ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSI									

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT: If Item 21

230 BURIAL, CREMATION, REMOVAL (SPECIFY)
Cremation
24 FUNERAL DIRECTOR

23c. NAME OF CEMETERY OR CREMATORY

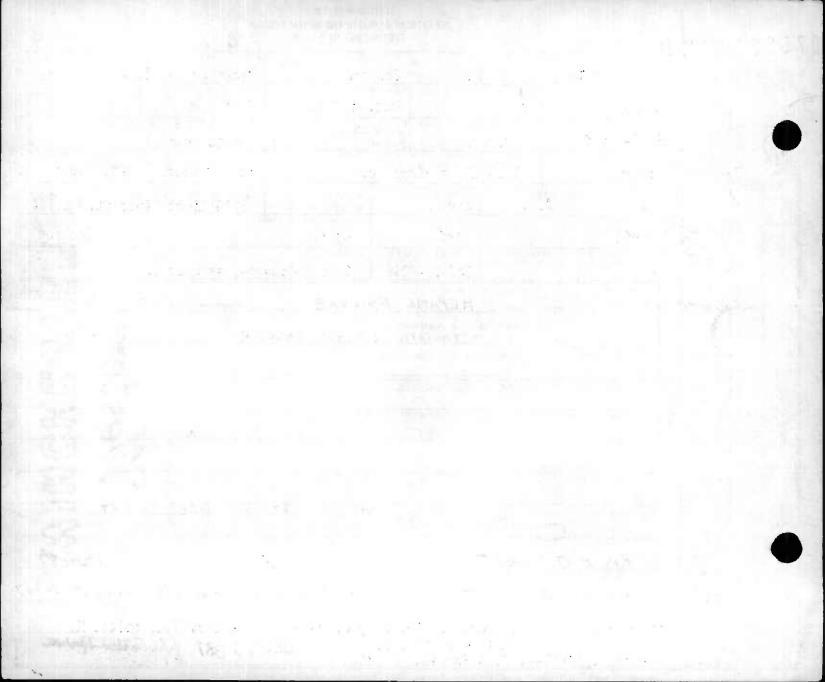
LOCATION CITY OF TOWN

16 Dec. 87 Security Process
421 Crain Hwy. S.E.
Kirkley, Glen Burnie, MD 21061

James S.

Catonsville Balto MD

250 DAJE REC'D BY REGISTRAR 200 REGI



DEC

and completely filled in by the funeral director page 3 ages 1 and 8 should be filed within 72 hours ofter death

Poges 1

TO FUNETAL DIRECTOR, After the confliction has been signed by the offending physicion hough by the please remove corbon popers.

The State Dept. of Health and Mental Hyperic prior to buriof, cremotion, or removal.

#### STATE OF MARYLAND

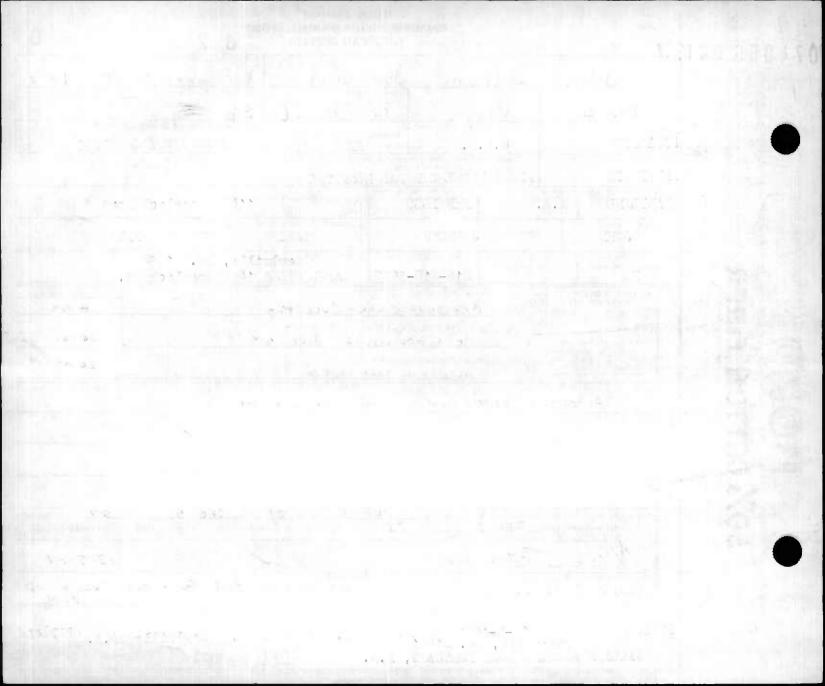
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	20.0	110	117	412	
8	REG. NO	2)	3	1	

oro Li	1-	FOR - STATE REGISTRAR	DEPART		EALTH AND MENTAL HYG	B Zono 3	3 7 6 0
DEC 14	1. DE	CEASED NAME FIRST	WIDDLE	11	AST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	3. SE	X Male	Black	S. DATE C		December 5 6. AGE (IN YEARS LAST BIRTHDAY) 6. THE STATE OF THE STATE O	1987 11:30 AM IFUNDER LYEAR IFUNDER 24 HRS MONTHS DAYS HOURS MIN.
35		IRTHPLACE (STATE OR FOREIGN COUNTRY) RYLAND	76 CITIZEN OF WHAT COUNTRY?	WIDOWE	D NEVER MARRIED DIONORCED	BALTIMORE CITY OR COUNT ANNE ARUNDE	
Selection of the select	ANI	NAPOLIS	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET ANNE ARUNDEL GEN	ERAL		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	126 KIND OF BUSINESS OR IFET INDUSTRY
35	19/	ARYLAND 136ACON	ROTHER INSTITUTION GIVE RESIDENCE BEFOR		13d INSIDE CITY LIMITS? YES NO	13 <b>1466</b> 00985868888	*Road 2/054
20 D	14. FA	JOHN	MODIE JOHNSON		15. MOTHER'S MAIDEN NA	MIDDIE	MITH LAST
medicale		WAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GT	RMED FORCES? 166 SOCIAL SECU VE WAR OR DATES) 216-18			rills, Ma <sup>DDR</sup> 21054 5 1460 Rossback	Rd.
event, the		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH IS HES.				
roumotic		Conditions, if any, which gove rise to immediate	DUE TO, OR AS A CONSEOU		LAR CIRPHOS	15	Zoyks.
ar other t		ZOYNS.					
'kınlııı'	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN P  ALCOHOLIC KETO A CLOSIS, UGT HEMORALISE						
	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	IN CERTI	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES NO
9		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH D	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART ( OR PART 2)
rkedor	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME STREET FACTORY OFFICE.)	FARM, ETC )	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
2 is ma		sow the deceased alive or	of the property of the propert	91, or		, to <u>DEC_5</u> death occurred on the date and ha	or ond from the couses stated
to a hear		22b. SIGNATURE	Tsten, MP		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	12-5-87
PORTA		MARK S. TE	ORPRINT) TER, MD		1655 CROFTO	N BLVD, SUITE Z	OI, CROPTON MD
5/	230 E	BURIAL, CREMATION, REMOVAL (SPECIFY) JRIAL	12-9-1987 W	ILSON	MEM CHIRCH	23d LOCATION CITY OF TOWN	COUNTY STATE Maryland
M 7/84	24 FI	WILLIAM REES	apolis, Md. 2140 E & SONS MORTUARY		250. DAT		TRANS SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.



PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [ 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) CITY OR TOWN COUNTY STATE DIRECTOR: and that in (my) (aux) opinion death occurred on the date and hour and from the causes stated Dept. 274 DATE SIGNED \* ATTENDING MEDICAL STAFF be deto e Stote I FUNERAL DIRECTOR PHYSICIAN PHYSICIAN MPORTANT 77e ADDRESS should by 0 23b. DAT 24 FUNERAL DIRECTOR 25a DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 50M 1/81 (VRA 15, 4)

26 HOUR

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

IF UNDER ! YEAR

INDUSTRY

aluc

00

IF UNDER 24 HRS

2 : 18 / 12 selman 1 A Sugar Tredick ICHIVICH Sample Star Monday Rd Starten Starten HI THE COLD DOWN S JOHNSON CHANGE SAME et and - it has been particular to aminoral -Dec 9 2023 It matter good on Late for a fillery 19 Paralast ET - 12 Charles II. Kinzer 136761 Commission of the second of th

should be detoched for use as the burial-transit permit. Then please remave carbail with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or tell

TO FUNERAL DIRECTOR: After this certificate has been TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physicion.

BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

signed by the

45 moy, be

# STATE OF MARYLAND

7 REG. NO.	3	3	7	6 E32
				-

				STATE OF MAR	YLAND					
1.	FOR STATE REGISTRAR			OF HEALTH AN	ID MENTAL HYG	0 7	3 3	7	6 E3	2
THE		MIDI	DLE	LAST		REG. NO.	NTH DAY	YEAR	7b HOL	ID.
MAG	CEASED NAME FIRST FOR PRINT) Evangeli	ne Viola	JON	NES		DECEMBER		987	630	PM
3. SE		4 RACE	5 D	ATE OF BIRTH		6. AGE (IN YEARS LAST BIRTHD)	AY) IF (	UNDER I YEAR	IF UNDER	24 HRS
	Female	Whi	re l_	eb. 13.	1912	75	YRS.	THS DAYS	HOURS	MIN.
a 8	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WH	AT COUNTRY?	ARRIED   NEV	ER MARRIED T	9. BALTIMORE CITY OR C				
	hode Island	USA		DOWED X	DIVORCED [	ANNE ARUN	VDEL C	YTNUO:		M
	GLEN BURNIE		SPITAL, NURSING HO ACILITY, GIVE STREET ADDRES RUNDEL HOS		NSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO Homemaker		126. KIND C INDUSTRY Own I		SS OR
JSU.	AL RESIDENCE (IF NURSING HOM	OR OTHER INSTITUTION, GIV	E RESIDENCE BEFORE ADMIS	SSION)				OWIT	TOME	
M		ne Arundel	Severna P	ark YES [	NO 🖾	13e STREET ADDRESS 640 Emerson	Place	e 2.1	146	
4. F.	ATHER'S NAME FIRST	WIDDLE	LAST.	15. MOTH	ER'S MAIDEN NA	ME MIDDLE		LAS	51	
	James	М.	Little		Evangel	line			nroe	
	VAS DECEASED EVER IN U.S. VES. NO OR UNKNOWN) (IF YES.	ARMED FORCES? 16	b. SOCIAL SECURITY I	NO. 17. INFOR	MANT (Son)	ADDRESS	Car	mo 0.5	#12	
	No	NA (	035.09.691	5 Dely	phis R.	Jones	Sai	me as		
	18. CAUSE OF DEATH (Enter	only ane cause per lin	e for (a), (b), and (c).)	11	1	1-11		BETWEEN	MATE INTER	DEATH
	PART I. DEATH WAS CAU	IATE CAUSE (o)	Motor	le Ma	rellar	super 6h	mazer			
		DUE TO, OR A	S CONSEQUENCE	OF 1 1-		i 0 -1				
	Conditions, if any, which	( th)	V Me	Table.	100	ikers				
	gave rise to immediate couse (a), stating the	(0)		1 0						
	underlying cause last.	DUE TO, OR A	S A CONSEQUENCE	Buler	1.0			- 1		
	PART 2. OTHER SIGNIFICAN	I CONDITIONS CON	TRIBUTING TO DEAT	HAUT NOT BELA	TED TO THE TERM	INAL DISEASE OF CONDIT	ION GIVEN	IN PART 1:	0	
S	no oderod	n +7.	To	1 min	The s	A lesa.	-tace	Street	-	
- X	19g. DATE OF OPERATION	196 CONDITIO	ON FOR WHICH OPER	RATION WAS PE	REORMED	F20g AUTOPSYP 20	Db. IF YES, W	ERE FIND	NGS USE	D
FIC							CERTIFYIN	IG CAUSES	OF DEAT	TH?
CERTIFICATION	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF II	NJURY	71¢ HOV	/ INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	YES [		NO [	
	OR CONTRIBUTING CAUSE OF	110110 111	MONTH DAY	YEAR	. woom occom	(Elect ANIONE OF PADRICE	TIEM TO TAKE	( OR F AR 1 2)		
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAM			19	171011					- 0
MEL	21d INJURY OCCURRED	21e. PLACE OF (AT HOME, STREET,	INJURY FACTORY, OFFICE, FARM, ET	711 LOCA	REET	CITY OF TOWN		COUNTY	5	STATE
	AT WORK AT WORK		0	,	2 00	1 11	11	00		
	22a.l certify that (1) (this ha	A	113 11 20	they be	7, 19 3	, to	15 719	,	that (I)	Sec. 100
	saw the deceased alive abave, (1) (we) (glid) (did	not) view the body oft	er death.	, and that in	my) (aur) apinian	death occurred on the date	and haur or	nd from the	couses sto	pted
	276 SIGNATURE	11	1 /	DEGREE				22c DATE	SIGNED	-
	Juna U.	Abus	beh 1	10	PHYSICIAN E	MEDICAL STAFF DIRECTOR PHYSICIAN	4 🗆	12	. 5-	5
	224 PHYSICIAN'S NAME (TY	E-OR PRINT)		77e ADD						
	TENDY D C	ADDEK MA		r	ASADENA.					
73a. E	URIAL CREMATION, REMOV	ARREK, M. I	I 23¢ NAME	OF CEMETERY O		173d LOCATION	66			
	SPECIFY) Burial	Dec 10,			Cemetery	CITY OR LOWN	C	OUNTY	Mas	STATE
24. FL	INERAL DIRECTOR	Y. T.				E REC'D. BY REGISTRAR 756	REGISTRA	R'S SIONAT	"Internal Control	, , ,
C	ingleton Fune:	races	ADDRESS	o Marri	DEC		S DEAL	gers. Ka	PCCL MUNICIPALITY	
0	rugieron rane.	lar nome (	ren burnt	e, mary.	Lallu UL	9				

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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	REG.	NO.	3	
ATE	OF DEATH	MONTH	DAY	_

1-	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH CERTIFICATE		0 /	33763	5
	CEASED NAME FIRST MIDI	LAST LAST	2a	REG. NO.	TH DAY YEAR 26 HOUR	
TAPE	GEOTRAE H	. Jone	3	12	6 1987	М
3 SE	X M 1. V 4 RACE 0 11.	S. DATE OF BIRTH	DAY YEAR	AGE (IN YEARS LAST BIRTHDA		MRS
	11191E BIF	03	6 04	83	YRS.	
	IRTHPLACE STATE OF FOREIGN 76 CITIZEN OF WE	MARRIED NI	EVER MARRIED   9 B	BALTIMORE CITY OF CO	OUNTY OF DEATH	446
ig Ci		SPITAL, NURSING HOME OR OTHE	R INSTITUTION 12a	USUAL OCCUPATION	126 KIND OF BUSINESS	MD. S OR
1)	nnapolis / Hone An	unde General	(I)	Laborer MOST OF WO	IRKING LIFE)   INDUSTRY	
130. 5	MD Queen Ame (	STOSON. P 138 INS	ON O	STREET ADDRESS / ZIE	299 2/63	8
4 84	ATHER'S NAME	JAST NO	LIZTIC	WIDDLE	Watsow	9
	NAS DECEASED EVER IN U.S., ARMED FORCES? 16 YES, NO GENEROWN] (IF YES, GIVE WAR OR DATES)	SOCIAL SECURITY NO. 17 INF	natilda <	Tones		
	18 CAUSE OF DEATH (Enter only one cause per lin PART I. DEATH WAS CAUSED BY:	e far la labit, and ice i	tie Hand	Desai.	APPROXIMATE INTERVA BETWEEN ONSET AND DE	AîH
	IMMEDIATE CAUSE (a)	S A CONSEQUENCE OF				
	Canditians, if any, which	3 A CONSEQUENCE OF				
	gave rise ta immediate cause (a), stating the underlying cause last.	S A CONSEQUENCE OF				
NOI	PART 2 OJHER SIGNIFICANT CONDITIONS CON	RIBUTING TO DEATH BUT NOT RE	LATED TO THE TERMINAL	L DISEASE OR CONDITION	ON GIVEN IN PART I a	
CERTIFICATION	190 DATE OF OPERATION 196. CONDITIO	ON FOR WHICH OPERATION WAS		20a AUTOPSY?   201 YES   NO	b. IF YES, WERE FINDINGS USED I CERTIFYING CAUSES OF DEATH' YES \( \text{NO} \)	>
0.00	210. ACCIDENT WAS UNDERLYING 21b. TIME OF II OR CONTRIBUTING CAUSE OF DEATH HOUR A.M.	MONTH DAY YEAR 216. HO	OW INJURY OCCURRED	(ENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PART 2)	
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) P.M.	19	OCATION			
MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK 21 WORK 21 WORK	FACTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STA	TE .
	22a.1 certify that (1) (this hospital) attended the d	eceased fram	198/	, ta 12/6	19 3 7, that (I) (w	A last
	saw the deceased alive on (l) (we) (did) (did not	er death.	n (my) (aur) apinian deat	th accurred an the date o	and have and from the causes state	d
	THE SIGNATURE	- 120	MATTENDING _ M	AEDICAL STAFF	221. DATE SIGNED	7 7
	22d. PHYSICIAN'S NAME (TYPE OR PRINT)	22e. Al	DDRESS	IRECTOR   PHYSICIAN		1
		1 1/2/3/11				
23a. E	BURIAL, CREMATION, REMOVAL III DATE	23 SAME OF CEMETER	Y OR CREMATORY	23d LOCATION	7/ SIN SIA	5
74 F	Surial Alle	18/1801180N	250, DAXE RE	C'D, BY REGISTRARISS	REGISTRAR'S SIGNATURE	0
1	Story I Sull	31 FOUNT to SLE	DEC 2	3 1987 4	- Contractification	1
les de	1 10 10000		- 40	1001	- Sheet	

DHMH - 16 60M 7/84

(VRA 15, 4)

flo FUNERAL DIRECTOR. Incode be detected for us with the State Dapt of the MPORTANT, If Ben, 21 is

Grove H. Jones Const 11 18 45 60 60 18 34 83 E Vo. 159 Principle MED TOWARD AND CONTROL OF THE SET OF A STATE OF THE Not the same of the state of the state of Small 13/19/17 Per men (rester seasons 124) Theiles and the section of the se

25g. DATE REC'D.

BY REGISTRARI256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/B4 (VRA 15, 4) JNERAL DIRECTOR

10.00 September 1997 - The Control of the The sale of the first the state of the sale of the sal The country of the party of the desired to the second

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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

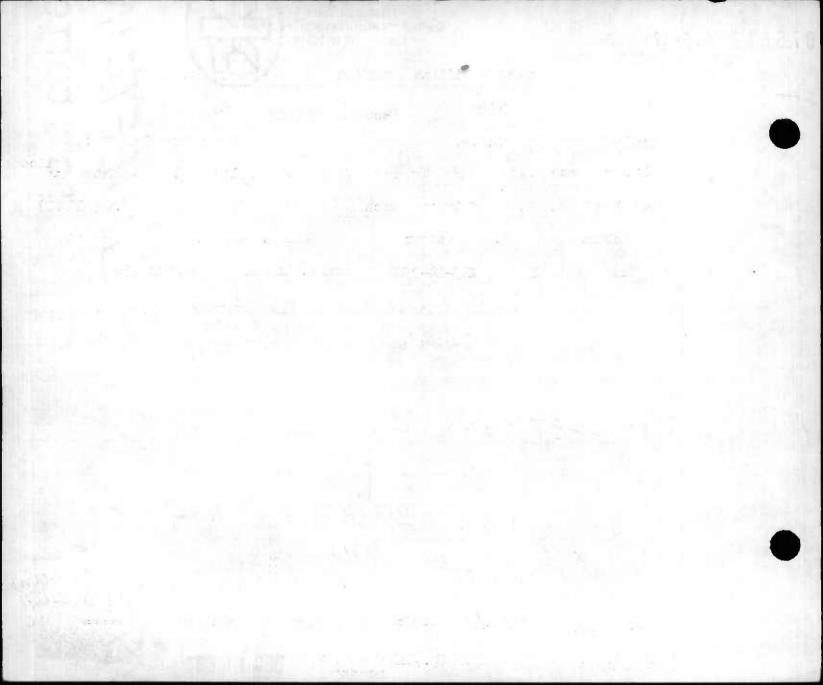
18	7STATE REGISTRAR				CERTIF	ICATE OF DEATH	8	REG. NO.	3/	Ö	5
	CEASED NAME	FIRST		MIDDLE		AST	Za. DATE O	FDEATH MONTH	DAY YEAR	26 HOU	JR
	. On Philippi		ROBERT	William	KA	MM ER	Dec.	16, 19	87	15	M
3 SE	x :		4. RACE		5. DATE C		6. AGE (IN	YEARS LAST BIRTHOAY)	# UNDER I YEAR		R 24 HRS
M	ale		Whit	ce	Монти	ember 25 1922	6	LI YRS	MOITING DAYS	HOURS	MIN.
7a. BI	RTHPLACE (STATE OR F	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9. BALTIMO	RE CITY OR COUN		100	
	Maryland		U.S	5.A.	WIDOWE		Ar	ne Arund	del Co	. ,	MD.
10. C	ITY OR TOWN OF DEA		11. NAME OF	HOSPITAL, NURSIN	<del></del>	OR OTHER INSTITUTION		OCCUPATION	12h KIND	OF BUEIN	
	Riviera Be			HOSPITAL, NURSIN HEACILITY, GIVE STREET Main Av		(21122)	Poli	ce Sgt	Balt	o Cit	у
13a. S	AL RESIDENCE (IF NURSI STATE Maryland	13b COUP A.		GIVE RESIDENCE BEFORE 13r CITY OR TOW RIVIERA	Beac	13d INSIDE CITY LIMITS?	13e STREET 854	ADDRESS / ZIP CO	Āve. (	2112	2)
14. FA	ATHER'S NAME		MIDDLE	IASI		15. MOTHER'S MAIDEN NAM	ME	withhis		ĄST	
	Robert		H.	Kamme	r	'Ela		T.	Но		
	VAS DECEASED EVER	IN U.S. AR	MED FORCES?	166. SOCIAL SECU	IRITY NO.	17 INFORMANT		ADDRESS			
,	Yes	WW.	E WAR OR DATES)	215-14-9	586	Emma K. Kam	mer	Same as	: 13e		
	18 CAUSE OF DEATH			line for (a) (b), an	distil,		./	1.	APPRO BETWEEN	XIMATE INTE	RVAL
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) ESCHMAITE MILL  ACCOMMENT  A										
			DUE TO, O	R AS A CONSEQUE	ENCE OF	n. Cor	4000	7.	COV	un	0.
	Conditions, if ony,		(b)	Cul	5/1	0218 /1	124	2			
	gave rise to immediate couse (a), stofting the DUE TO, OR AS A CONSEQUENCE OF										
	underlying cause last.										
7	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
OF			Tim cours		0050.710		I asv	DREWS TON IF Y	VES WERE END	******	
CERTIFICATION	10 - 21	-8-	7 Ca	I an	D-M	a COLOM.	YES [	IN CER	YES, WERE FIND TIFYING CAUSE YES [		TH?
	21a. ACCIDENT WAS UND	-	216. TIME O		AY YEAR	21c. HOW INJURY OCCURR	RED (ENTERN.	ATURE OF INJURY IN ITEM I	8 PART I OR PART 2]		
CAL	(IF EITHER NOTIFY MEOK		1111		19						
MEDICAL	21d INJURY OCCURR	RED	21e PLACE	OF INJURY	ARM FIC )	211 LOCATION STREET		CITY OR TOWN	COUNTY	177	SLATE
2	AT WORK AT WOR	ILE									
	22a.1 certify that (1)		1.1	China	10-	13 - 19 6	Z, 10	11-23	- 19	, that (I) (	. ,
	sow the decease above, (1) (we) (d	ed plive on lid) (did no	t) view the body	ofter death.	5/.01	nd that in (my) (our) opinion (	deoth occurre	ed on the date and h	iour and from/th	e couses st	oted
	22b. SIGNATURE	P. (	PIN	Tong		ATTENDING PHYSICIAN	MEDICAL	STAFF PHYSICIAN	2N. DAT	ESIGNED	
	228 PHYSICIAN'S NA	ME TYPE C	NK A	eA.		14 Well	140	im Ar	Post	m/.	Joan
23a. 6	BURIAL, CREMATION,	REMOVAL	23h. DATE			EMETERY OR CREMATORY	23d. LOC		COUNTY		6
	Entombmen	t	12/1	9/87 Lou	idon F	k Mausoleum	Ball	timore	CONNIX	=	""Md

DHMH - 16 50M 4/B3 (VRA 15, 4)

IMPORTANT: If Item 21 is marked or Item

74 FUNERAL DIRECTOR
George J. Gonce, 4001 Ritchie Rg., Baltimore, MD
(21225)

750. DATE REC'D. BY REGISTRAR 756 REGISTRAR'S SIGNATURE



76033 DEC 23

FOR

# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFICATE OF DEATH	8 /REG. NO.	5 /	0 0
DECEASED NAME FIRS	ith E	KEGLEY	20. DATE OF DEATH MONTH	3-87	26. HOUR 2 2 R M
SEX	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
SEMAJE	white	MONTH OAY YEAR 94	94 yes, YRS.	MONTHS DAYS	HOURS MIN.
BIRTHPLACE (STATE OR FOREIGH	76 CITIZEN OF WHAT COUNTRY?		9 BALTIMORE CITY OR COUNTY	OF DEATH	
COUNTRY)	4	MARRIED   NEVER MARRIED	POINE ARMAGE	10-	
New York	USA	WIDOWED DIVORCED	ANNE HRUNDE	1 00	MD.
CITY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	126 KIND O	F BUSINESS OR

re Centre 13d. INSIDE CITY LIMITS? 13c. CITY OR TOWN 13e. STREET ADDRESS Arlington Arlington Va. NO [ Culmore Apartment

14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST MIDDLE Unobtainable Shaw Unobtainable 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO Mamboo Dr.Orlando, Florida 32807

 N/A	13/8 U3 3139   Alice Ball (Daughter in Lav	<i>J</i> )
18 CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED	y one cause per line for (a), £b), and (c) :	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
	E CAUSE (o)	4 days
Conditions, if ony, which	DUE TO, OR AS A CONSEQUENCE OF and Browelity	7 das
gove rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF	
	(e)	

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? NOF YES [

210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M

21f LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY COUNTY STATE CITY OR TOWN AT HOME STREET, FACTORY, OFFICE FARM ETC ) NOT WHILE

22a.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive on and that in (my) (auch opinion death occurred on the date and hour and from the causes stated

22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

274 PHYS E BUYSNAME 22e ADDRESS (TYPE OR PRINT

231 NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b DATE Wash D.C. STATE COUNTY Burial 12/17/87 Glenwood Cemetery

24 FUNERAL DIRECTOR Hines/Rinaldi 11800 New Hamp. Ave. S.S. Md.

NOF

VENEZA KENZEN KENZEN L The second of the second second 

STATE OF MARYLAND

23c. NAME OF CEMETERY OR CREMATORY

Glen Haven

Glen Burnie A A

250 DATE REC'D. BY REGISTRAR'S B. REGISTRAR'S SIGNATUR

DHMH - 16 50M 1/81 (VRA 15, 4) 230 BURIAL, CREMATION, REMOVAL (SPEC BURIAL)

24 FUNERAL DIRECTOR

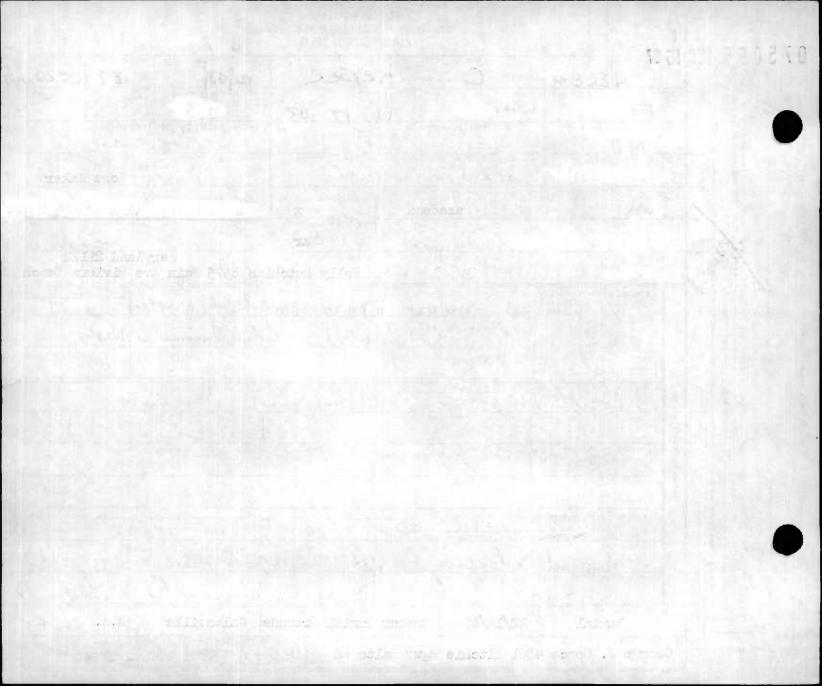
12/28/87

Raymond C. Fink Glen Burn e, Md. 21061

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			STATE OF MARYLAND		
5005	FOR STATE	DEPARTI	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	B Zeg. NO 3	3 7 6 8
5095 DEC	IT DECEMBED NAME FIRST	MIDDLE	LAST	POLITICAL PROPERTY AND THE PROPERTY AND	DAY YEAR 2b HOUR
2 50	HELEW	C.	KEYSER	12 08	87 0020m
A mo	FE MALE	4 RACE WHITE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATS HOURS MIN
B 35 m	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	11 17 03	9. BALTIMORE CITY OR COUNT	V OF DEATH
1 16 5	COUNTRY	USA.	MARRIED NEVER MARRIED WIDOWED DIVORCED		INDEC WD
119/	Severna Park	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET MERION IN	ADDRESS) SEUGRAR PIRK	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	
THE PERSON	USUAL RESIDENCE (IF NURSING HOME OF 136 STATE 136 COU	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION)	13e.STREFT ANNDESS / 7IP CON	
1 11/2	Mb	Ad Pasader	1a YES NO 🔀	367 N. Ferry 1	Point Ra 21122
12	14 FATHER'S NAME  FIRST  John	MIDDLE WAST	15 MOTHER'S MAIDEN NO	AME	His horas
19	160 WAS DECEASED EVER IN U.S. A			ADDRESSMary nins 8575 Main Av	
1 11 1				1110 0)/)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
physical phy	PART I. DEATH WAS CAUS	inly one couse per line for io1, (b1, on ED BY: STE CAUSE (a) SUP D &	W DEATH A	cobably ARRYTO	
10 to	9/3 MMEDIA	DUE TO, OR AS A CONSEQUE		0 0 0 1 0 11	2
Day of the Contract of the Con	Conditions, if ony, which	( 1b) 13 A CONTEGO		liki Coldeverled	willyy.
te rem cresto other tr	gave rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	ENCE OF		
phed policy by, or	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER		
1227	2 Praile	HIPPRION.	(2) (R) HEMI PAR	4	
	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERT	S, WERE FINDINGS USED IFYING CAUSES OF DEATH?
1111	21g. ACCIDENT WAS UNDERLYING	7 21b. TIME OF INJURY	21c HOW INJURY OCCUI	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART LORPART 2)
111111111111111111111111111111111111111	OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH D.	AY YEAR		
100	(IF EITHER NOTIFY MEDICAL EXAMINI	21e PLACE OF INJURY	211 LOCATION	CITY OF IOWN	COUNTY STATE
11110	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE, I	ARM ETC ) STREET	CHAONIOMA	COUNTY
4 2 4 /	22c.   certify that    (this has	oital) attended the deceased from_	. 19.		19, that (I) (we) lost
81 Ba	saw the deceased alive a above, (1) (we) (and 1) and	n view the body offer death.	and that in (my) (our) apinion	deoth occurred on the date and ho	ur and from the causes stated
Part /	226 SIGNATURE	1 \ 1 . 1	DEGREE ATTENDING	MEDICAL STAFF	224. DATE SIGNED
N Stopper	77d. PHYSICIAN'S NAME (TYPE	Xyuney	PHYSICIAN	DIRECTOR PHYSICIAN	13/01/01
PORT	GARV.	HAY	8651 FZ	Smarruwo Ro	PASIAMEN VS
25137	230. BURIAL, CREMATION, REMOVA (SPECIFY) Burial	12/12/87 Q	NAME OF CEMETERY OR CREMATORY LIAKER Burial Groun	ds Galesville	county A. sind
	24. FUNERAL DIRECTOR		25a, D.A	IE REC'D. BY REGISTRAR 256 REGIS	TRAR'S SIGNATURE
AH - 16 60M 7/84 (VRA 15, 4)	George J. Gonce	4001 Ritchie Hg	wy Balto Md UE	6 1 4 1987 Julia	Deridson. Randales



23b. DATE

James S. Kirkley, Glen Burnie, MD 21061

18 Dec. 87

FOR

STATE OF MARYLAND

Zelma N. Kimball, Same as 13 APPROXIMATE INTERVAL 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NOF 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OR TOWN COUNTY STATE and that in (my) (cor apinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED 8 DIRECTOR | PHYSICIAN 900 Caton Avenue, Baltimore 21229 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION Security Process Catonsville, Balto., BY REGISTRAR 256, REGISTRAR

2b. HOUR

12b. KIND OF BUSINESS OR

IF UNDER 24 HRS

IF UNDER I YEAR

INDUSTRY

retired

Kellan

DHMH-16 30M 2/80 (VRA 15, 4)

BP

Shou

23a. BURIAL, CREMATION, REMOVAL

Cremation

24 FUNERAL DIRECTOR

MESS VILLE DE LA COMPANION DEL COMPANION DE LA COMPANION DE LA COMPANION DEL COMPANION DEL COMPANION DEL COMPANION DEL COMPANI Court Handle on Sex XXX Control of the March

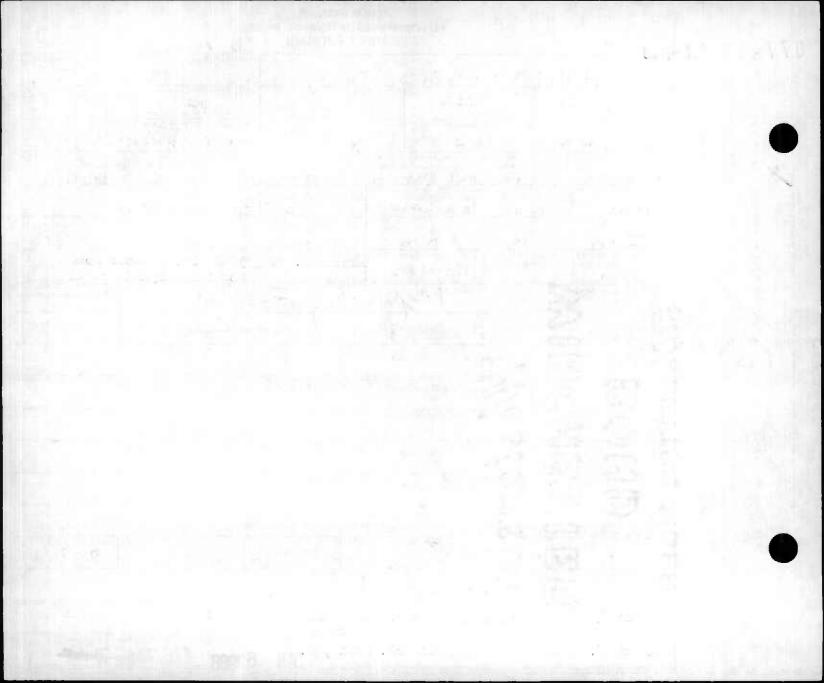
Robert E. Evans 16000 Annaports Rd. Bowie, Md.

25a DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE

24 FUNERAL DIRECTOR

DHMH - 16 50M 1/81

(VRA 15, 4)



						UF MAKTLAND						
7438 JAN -	FOR STATE REGISTRAR					ALTH AND MENT	Н	8 TREG		3 7	7	EST
may be page 3	DECEASED NAME	LILAFIRST	EŃ	MERY	KIÑ	Ġ	26.	DECE	MBER 1	8, 198	7 26. 113	<b>18</b> M
4 aft	. SEX Female		4 RACE Whit	e	S. DATE OF			GE IIN YEARS LAST	BIRTHDAY) YRS	MONTHS DA		R 24 HRS
death. Page	North	TATE OR FOREIGN		WHAT COUNTRY?	18	☐ NEVER MARRI	IED 9 8	BALTIMORECH		DELPECO	UNTY	ME
The dried	GLEN		11. NAME OF	OSPITAL NURSIN		PITAL	ION 120	USUAL OCCUP PE OF WORK FOR MO Homemak	ATION STOF WORKING I CET	LIFE) 126. KINE	OF BUSIN	
in the second	USUAL RESIDENCE 130. STATE Marylan	13b COU	Arundel	13c. CITY OR TOW	N I	36. INSIDE CITY LIV	MITS? 13e	street addres	SS	2	1108	
mpletely f	4. FATHER'S NAME		WIDDLE	Price		5. MOTHER'S MAII	ary	MIDDL		Carter		
	66. WAS DECEASED	EVER IN U.S. AF	RMED FORCES? VE WAR OR DATES)	166 SOCIAL SECU 221-16-0		Mrs. Want						051
on, teduires what the deat has hos the other per the per temation, temation, and injury, or ather traum	gave rise cause (a), underlying	er SIGNIFICANT	CONDITIONS CO	R AS A CONSEOU  ONTRIBUTING TO  ITION FOR WHICH	DEATH BUT N			20s AUTOPSY?	20b. IF Y	ES, WERE FIN	DINGS US	ATH?
SICIAN: The physicic certificate certificate unial-transition liter 18 sho	OR CONTRIBUTI	WAS UNDERLYING [ NG  CAUSE OF DE	ATH HOUR A.	M. MONTH D M.	AY YEAR	21c. HOW INJURY	OCCURRED	YES NO	-	YES		
ortendir ortendir frer this os the bu th and M brked or	WHILE AT WORK	NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE,	FARM, ETC )	21f. LOCATION STREET			RTOWN	COUNTY		STATE
R ATTENDIA haspital or RECTOR: A red for use of spt. of Healt		deceased alive at	101-	ne deceased from 19_		I that in (my) (oor)	/	, toth accurred an th	e date and ho		_, that (I) the causes : TE SIGNE	stated
HOSPITAL O ined by the FUNERAL DI old be detocl h the Stote De ORTANT: If P	22d PHYSICIA	AN'S NAME (TYPE		CK M.D.		ATTEN PHYSI		AQUITAR	TAFF FROAD YLAND	203	260	11
PPBP	230. BURIAL, CREM. Burial-T					METERY OR CREM		23d LOCATION CITY OF TOW New Cast		COUNTY Castl	e. De	STATE 21aw
DHMH - 16 50M 4/B2 (VRA 15, 4)	24 FUNERAL DIRECT	TOR		-	6500 Y	ork Rd.	250. DATE RE	6 198	RAR 256. REGI		ATURE	

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THORSER 18, 1987 31	Dill		AILI
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		Elizabet file	
95 MARIART ROAD 203 BURNER, NACYLAND 21061	R NELD	MOPHICE N.B.	n.a ration
Sis colored unique Established			

23b. DATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

231 NAME OF CEMETERY OR CREMATORY

000

26 HOUR

HOURS

12b KIND OF BUSINESS OR

IF LINDER 24 HRS

2106

NO I

STATE

COUNTY

23d LOCATION

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

22c DATE SIGNED

IF UNDER I YEAR

INDUSTRY

should be deta BP

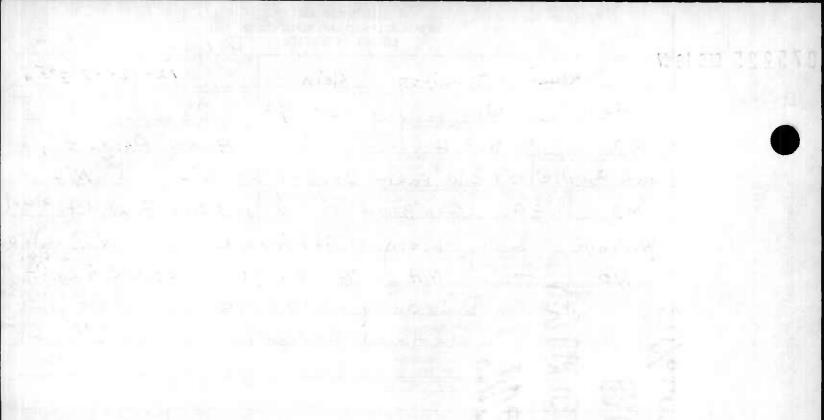
> DHMH - 16 50M 1/81 (VRA 15, 4)

FOR

23a BURIAL, CREMATION, REMOVAL

24. FUNERAL DIRECTOR

- STATE



074004

by the funeral director, page 3 filed within 72 hours after death

### STATE OF MARYLAND

DEC	-	8 07 STATE REGISTRAR			DEPARTN		EALTH AND MENTAL HYG ICATE OF DEATH	8 7 <sub>REG. NO.</sub> 3	3 7	7 ES		
		1. DECEASED NAME	FIRST	,	MIDDLE	i	AST	20 DATE OF DEATH MONTH	DAY YEAR	2b. HOUR		
		(TYPE OR PRINT) PAUL	INE			KLUK	A	DECEMBER	1, 1987	621 PM		
		3. SEX		4 RACE		August 13 1925		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YE			
		Female		Whit	е			62 YRS	MONTHS DAY	S HOURS MIN.		
15	1	To. BIRTHPLACE   STATE OF	OREIGN	76. CITIZEN OF	WHAT COUNTRY?			9. BALTIMORE CITY OR COUNTY OF DEATH				
3	)	Kentucky U.S.A.		S.A.	WIDOWED DIVORCED		ANNE ARUNDEL COUNTY					
Palified	4	GLEN BURN	(IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET I ARUNDEL	ADDRESS)	TAL	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Housewife	LIFE) INDUST	126. KIND OF BUSINESS OR INDUSTRY Home Maker			
nust be	5	USUAL RESIDENCE IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE 130, STATE 136, COUNTY 13c, CIT					13d. INSIDE CITY LIMITS? YES NO 🛣	13. STREET ADDRESS 454 Riverside	e Drive	21122		
None of the second	0	14. FATHER'S NAME			Andersor	1	IS. MOTHER'S MAIDEN NAME FIRST Mary	Tucker				
icol	1	160. WAS DECEASED EVER			166. SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRESS 21221				
med	1	NO OR UNKNOWN)	TIF YES, GI	VE WAR OR DATES)	217-34-2	2666	Judy L. Boyo	d 110 Mace Avenue Balto Md				
ol.		18 CAUSE OF DEAT			line for (a), (b), and	d (c).)	110	, .	APPR BETWE	OXIMATE INTERVAL EN ONSET AND DEATH		
ело	7	PART I. DEATH W	IMMEDIA	TE CAUSE (0)	Mysea	di	al Intere	tim	7	LINS		
tian, or r aumatic	5	Conditions, if ony,	3	36625								
ol, cremo		Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF the underlying couse lost.  (c) The year of each of the country of the underlying couse lost.							1 4	48 415		
5 %		PART 2 OTHER SIGN	VIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART	1(0		

190 D	E 3/8)	196. CONDITION FOR WHICH OPERATIO	NWAS PERFORMED		20b. IF YES, WERE FIND IT IN CERTIFYING CAUSES YES []	
OR C	ACCIDENT WAS UNDERLYING ONTRIBUTING CAUSE OF DEATH EITHER, NOTIFY MEDICAL EXAMINER)	21b TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURRI	ED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PART 2)	
21d. I	LE NOT WHILE	216. PLACE OF INJURY   AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOW	N COUNTA	STAT

226. SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL STAFF
DIRECTOR | PHYSICIAN | ATTENDING PHYSICIAN

22e. ADDRESS 7300 RITCHIE HIGHWAY

1. PADUSSIS, 236. DATE 12/5/87 M. D. GLEN BURNES.

236. NAME OF CEMETERY OR CREMATORY Crest Lawn Mem Garden

Marriottsville MARYLAND 23a BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

George J. Gonce 4001 Ritchie Highway Balto Md DEC 03 24. FUNERAL DIRECTOR

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove carban paper with the State Dept. of Health and Mental Hygiene priar to burial, cremation, or remaval.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital ar attending physician. IMPORTANT: If Hem 21 is marked ar Hem 18 shaws any

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# STATE OF MARYLAND

8 7EG	NO.	3	3	7	7	4
O. DATE OF DEATH	MONT	н	DAY	YEAR	26 HOL	14
ecember :	23,	198	7	,	8	PM

176859 DEC 3 67 STATE REGISTRAR CERTIFICATE OF DEATH	
I DECEASED NAME FIRST MIDDLE LAST  AND LE LAST	REG. NO.  26. DATE OF DEATH MONTH DAY YEAR 2b. HOUR
Chung Ai Koh	December 23, 1987
Female Oriental Ontental Onten	6 AGE (IN YEARS LAST BIRTHDAY)  83  YRS.  IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DATS HOURS MIN.
To BIRTHPLACE (STATE OR FOREIGN KOREA KOREA KOREA KOREA TO COUNTRY) ROPE TO THE COUNTRY TO THE C	9 BALTIMORE CITY OR COUNTY OF DEATH Anne Arundel CO. MD.
10. CITY OR TOWN OF DEATH  Millersville, MD  Millersville, MD  Millersville MD  Millersvill	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) HOmemaker  126 USUAL OCCUPATION 127 INJUSTRY N/A
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)  136 STATE  Maryland - Althe UArundel   13c CITY OR TOWN   13d INSIDE CITY LIMITS?  Millersville YES   NO 18	13e STREET ADDRESS / ZIP CODE 496 Brampton Ct. MD21108
Jae Tyung Kim 15. MOTHER'S NAME TYUNG Kim Phil	
USUAL RESIDENCE LIF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)  130. STATE  Maryland • Millersvill eyes   No Millersvill eyes   No Millersvill eyes   No Millers    14. FATHER'S NAME  Jae MS1  16. WAS DECEASED EVER IN U.S. ARMED FORCES?  (YES NO NO NKNOWN)  [IF YES GIVE WAR OR DATES]  18. CAUSE OF DEATH LEITER Only one cause per line for 10, (b) ond ic	) Same as #13
: FACE THE PARTICULATION WAS CAUSED BY Natural Cause with Respirat	Arrest DELIMEN ONSEI AND DEATH TO THE TOTAL ARREST OF THE TOTAL AR
DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which (b) Chronic Paraplegia (almost	t Quadriplegia) as post CVA.
DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.  Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF H'ypertension Chranging process (83) & Chr	& Diabetes (STROKE)
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	
TIAL RECORDS  196 CONDITION FOR WHICH OPERATION WAS PERFORMED  196 CONDITION FOR WHICH OPERATION WAS PERFORMED  216 ACCIDENT WAS UNDERLYING   216 TIME OF INJURY   216 HOW INJURY OCCURR	200 AUTOPSY? 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NOT YES NOT
11. TIME OF INJURY  12. ACCIDENT WAS UNDERLYING   716. TIME OF INJURY  13. ACCIDENT WAS UNDERLYING   716. TIME OF INJURY  14. ACCIDENT WAS UNDERLYING   716. TIME OF INJURY  15. TIME OF INJURY  16. ACCIDENT WAS UNDERLYING   716. TIME OF INJURY  17. ACCIDENT WAS UNDERLYING WAS UND	RED (ENTER NATURE OF INJURY IN ITEM 18 PART ( OR PART 2)
216 INJURY OCCURRED  210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.)  216 LOCATION STREET	CITY OR TOWN COUNTY STATE
220.1 certify that (1) (this hospital) attended the decaysed from 19 saw the deceased alive on NOV 27 and that in (my) (our) opinion of the decay of	. to
DEGREE  ATTENDING  ATT	MEDICAL STAFF 12-23-87
27d. PHASICIAN'S NAME (TYPE DOWN) 22e ADDRESS	bury Rd. Riverdale, MD. 20737
23a (BURIAL, CREMATION, REMOVAL 23b, DATE 23c, NAME OF CEMETERY OR CREMATORY	23d LOCATION
BP Burial Dec 28,1987 Forest Lawn Mem. Pk.	Los Angeles California
DHMH - 16 60M 7/84  24 FUNERAL DIRECTOR NAME  ADDRESS  ADDRESS  ADDRESS	E REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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#### STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DEC LIDECE ASED NAME MIDDLE LAST 20 DATE OF DEATH 2h HOUR (TYPE OR PRINT) poge 3 CHARLES JOSEPH DECEMBER 1027 IF UNDER I YEAR AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 3. SEX 4. RACE 5 DATE OF BIRTH MOURS. MONTH 9, 1912 Male White April BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE (STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY U.S.A. Lithuania DIVORCED X WIDOWED ANNE ARINDEL COUNTY 12h, KIND OF BUSINESS OR 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) GLEN BURNIE NORTH ARUNDEL HOSPITAL Cafeteria Caretaker Hospital DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 130. STATE 136 COUNTY 13e. STREET ADDRESS 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Pasadena 8201 Box Dr. Orchard Bch. Md. Md. A.A. Co. NO X IA FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST FIRST Krasawski Anna Frank ADDRESS WAS DECEASED EVER IN U.S. ARMED FORCES? IN SOCIAL SECURITY NO 17 INFORMANT YYES, NO OR UNKNOWN (IF YES, GIVE WAR OR DATES) 019 05 4179 Charlene Fontaine same address as 13 NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) MYOCARDIAL INFARTION PART I. DEATH WAS CAUSED BY OU DIEA 0 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 CERTIFICATION 0 bee 20b. IF YES, WERE FINDINGS LISED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 28a AUTOPSY? à IN CERTIFYING CAUSES OF DEATH? bei YES [ NO NO [ -tronsit 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Mentol MEDICAL 0 (IF EITHER NOTIFY MEDICAL EXAMINER) P.M ottending 21L LOCATION 214 INJURY OCCURRED 21e PLACE OF INJURY 0 CITY OF TOWN COUNTY STATE AT HOME STREET FACTORY OFFICE FARM ETC.) WHILE AL WORK NOT WHILE AT WORK 220.1 certify that (1) (this hospital) attended the deceased from, DIRECTOR saw the deceased alive an \_11-16-87 and that in (my) (ear) opinion death occurred on the date and hour and from the causes stated of DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF be deto PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22e ADDRESS should be 2934 MOUNTAIN ROAD DR AFTERIR LANKEODD 0

BP.

DHMH - 16 50M 1/BI (VRA 15, 4)

230, BURIAL, CREMATION, REMOVAL Burial 12-15-87 230 NAME OF CEMETERY OF CHANGE St. John Cemetery

HAUNDDANONU, Gardner

Worcester Co Mass. 250 DATE REC'D, BY REGISTRAR 256 REGISTRAR'S SIGNATURE

24 FUNERAL DIRECTOR George J. Gonce 4001 Ritchie Hgwy. Balto. Md.

V-C) - 1 2 3 3 7 0 CONTRACT MONTH MONTH INSPERIE CONTRACT OF THE PROPERTY OF THE The same of the sa . Day of the control of the control

George J. Gonce 4001 Ritchie Hgwy Balto Md

**DHMH - 17** 

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Control II (215-26-1698 William L. Lunde 202 Control Mol

1223 - 37.038

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74910 DEC 1	FOR STATE OF REGISTRAR H. DECEASED NAME	DEPARTM FIRST MIDDLE	STATE OF MARYLAND BENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE  REG. NO. 3  120. DATE OF DEATH MONTH	3 7 FST
e e e e	(TYPE OR PRINT)				18 11001
A GO	JOAN 3. SEX	LOUISE KU	JPPE 5. DATE OF BIRTH	DECEMBER 09	1987 1255 PM M
ge 4 ma rector. p	Female	White	July 6, 1929	58 YR	MONTHS DAYS HOURS MIN.
a 50 mg	78. BIRTHPLACE (STATE OR FOR		8 MARRIED   NEVER MARRIED	A BALTIMORE CITY OR COUR	
death.	Pottsville, P	Pa. U.S.A.	WIDOWED DIVORCED	ANNE ARUNDEL	COUNTY MD.
ofter dec	CI EN DIDNITE	(IF NOT IN SUCH FACILITY, GIVE STREET A	ADDRESS)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK IN	IZE. KIND OF BUSINESS OR INDUSTRY  OWN Home
nours of the by the best file	GLEN BURNIE	NORTH ARUNDEL HO	ADMISSION)	Homemaker	Jown nome
		Anne Arundel Glen Bur		7932 B.Silver	leaf Ct. 21061
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BALTIMORE, MARYLAND cote be executed within 24 systion and completely filler opers. Pages 1 and 2 should wal.	160 WAS DECEASED EVER IN (YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)	(51	ster) ADDRESS	rewater Road
e be execution and a crist on and a crist on a crist of	No	N/A 214.26.1		walczyk Pasadefi	ewater Road  a. Md 21122  APPROXIMATE INTERVAL  AETWEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BAIL  NG PHYSICIAN: The law requires that the death certificate orderading physician. Her this certificate has been signed by the attending physicias the buriol-transit permit. Then please remove carbonapoper th and Mental Hygiene prior to buriol, cremation, or removal.  arked or frem. [8 shows any injury, or other traumatic events, the content of	Canditians, if any, agave rise to imme couse (a), stating underlying cause  PART 2 OTHER SIGNII  I 9a DATE OF OPERATION  21a. ACCIDEN WAS UNDER OR CONTRIBUTING CAL  (IF EITHER NOTIFY MEDICA	FICANT CONDITIONS CONTRIBUTING TO DEATH HOUR A.M. MONTH DATE TO BEATH HOUR A.M. MONTH DATE TO BE THE P.M.	NCE OF ASCENTA  NCE OF ASCENTA  DEATHBUT NOT RELATED TO THE JEP  ALL DILLARY  OPER DIN WAS PERFORMED  AV YEAR  19	n alcel	GIVEN IN PART TO  YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?  YES \( \sum_{NO}
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	230 BURIAL, CREMATION, RI Burial	EMOVAL TIL DATE 236 N	AME OF CEMETERY OR CREMATORY	Brooklyn A.A	. Maryland
BP	24 FUNERAL DIRECTOR	1907 HOL		ATE REC'D. BY REGISTRAR 25b. REC	
DHMH - 16 50M 1/81 (VRA 15, 4)	-	ieral Home, Glen Burn			Time D. Line

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH 07REGISTRAR 29. DATE OF DEATH MONTH DECEASED NAME 26 HOUR (TYPE OR PRINT) Margaret Larash December 25, 1987 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 4 RACE 5. DATE OF BIRTH 3 SEX MONTH White Female 8/2/04 To BIRTHPLACE I STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Anne Arundel Maryland WIDOWED D CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 176 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Crownsville Real Estate Wyatts OSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE REPORTED EFFORE ADMISSION)
130. STATE 1436..COUNTY 130. CTLY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? Baltimore Towson 8317 Loch Raven Blvd. 21204 FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST FIRST Brooks William Walte mever Mahe 1620 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Wyatts Ridge Rd 216-14-0967 William W. Larash-Crownsville, M.21032 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY: BRAIN ANOXIA IMMEDIATE CAUSE 10 gave rise to immediate couse (a), stating the underlying cause Oskopurosin Severe ++ CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ tronsit Hygie 710. ACCIDENT WAS UNDERLYING 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 21b. TIME OF INJURY 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL HE EITHER NOTIFY MEDICAL EXAMINER 211. LOCATION 71d INJURY OCCURRED 71e PLACE OF INJURY COUNTY CITY OR TOWN (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) WHILE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive on. and that in (my) (aur) opinion death occurred on the date and have and from the causes stated abave, (It will did) (did not view the bady after death O FUNERAL DIRECT hould be detached for outh the State Dept. o DEGREE 22c. DATE SIGNED MEDICAL PHYSICIAN DIRECTOR PHYSICIAN MPORTAN 274 PHYSICIAN'S N ME ITYPE OF PRINT ANDREW GORDON 230 BURIAL, CREMATION, REMOVAL 236 NAME OF CEMETERY OR CREMATORY 236 DATE

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kesville Balto.

Devidoon- Jandette

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

Burial

Taylor Funeral Chapel, Annapolis, MD

24 FUNERAL DIRECTOR

STATE OF MARYLAND 075620 DEC 2118 TIATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGINO. I. DECEASED NAME 20 DATE KNOWN TYPE OF PRINTS OF ESTI-DEATH MATED E FUNERAL DIRECTOR. ELS FOR YOUR FILES. D WITHIN 72 HOURS W PRESTON STREET, Jenice Ann DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. 74 HOUR IF UNDER 24 HRS 2c. DATE LAST BIRTHDAY) PRONOUNCED DEAD Pemale White 16 YRS 12 - 16 - 8710:15 To BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED X FOREIGN COUNTRY Maryland USA WIDOWED \_ DIVORCED Anne Arundel County / O. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) OR INDUSTRY Glen Burnie NorthArundel Hospital Student SUAL RESIDENCE HE IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADM 3a. STATE 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Md. Arundel NOX 1056 Hampton Drive 21032 Crownsville YES 🗌 ATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Fowler Robert Linkins Wanda Ann 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT URS AFTER TO WITH FORM IT. PAGES TO DIVISION COMMENTS TO THE PAGES TO 212139844 Robert B. Linkins #13 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL TO MEDICAL EXAMINER: THIS CERTIFICATE STRUCTURE.

EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18

EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18

TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE LOSED AS A BURIAL -TRANSIT PERMIT

AFTER DEATH, WITH THE STATE DEPARTMENT OF HEATH AND MENTAL HYGIENE,

BAFTIMORE, MARYDAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple injuries IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR CONTRIBUTING CAUSE OF DEATH pedestrian struck by an auto THE PLACE OF INJURY (AT HOME. 21d INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK Anne Arundel Co. Md. street Herald Harbor Autopsy X 22a. I certify that I took charge of the remains described above, held an Inspection and in my apinion death resulted from: Natural causes Accident Suicide Homicide . Undetermined manner TITLE (SPECIFY) ACTUAL Assistant DATE 12-17-87 SIGNATURE MEDICAL EXAMINER Margarita A. Korell, M.D. 111 Penn Street EXAMINER'S NAME (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236. DATE 236 LOCATION 73c NAME OF CEMETERY OR CREMATORY STATE 12/21/87 Burial Md. Veterans Cem. Crownsville Md. 07/84 BP A.A. 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR **DHMH - 17** Hardesty Funeral Home, Annapolis, Md.L. (VR A15 ME (5))

16000 Annapolis Rd Bowie, Maryland 20715

FOR

REGISTRAR DE BASED NAME

24 FUNERAL DIRECTOR

Beall Funeral Home

DHMH - 16 60M 7/B4

(VRA 15, 4)

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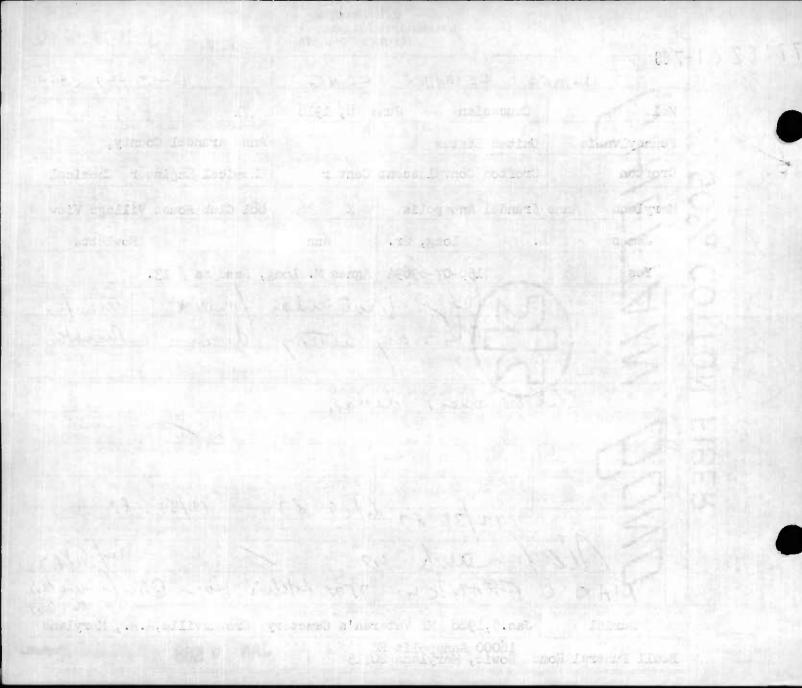
3 SEX

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 20 DATE OF DEATH MONTH 26 HOUR ALE XANDER 5. DATE OF BIRTH June 8, 1916 71 9 BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED Anne Arundel County, 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR r Chemical Chemical Engineer 881 Club House Village View 13d. INSIDE CITY LIMITS? 15 MOTHER'S MAIDEN NAME Rowlette MIDDLE Agnes M. Long, Same as # 13. 20b JF YES, WERE FINDINGS USED 20e AUTOPSY? CERTIFYING CAUSES OF DEATH? NO 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN STATE and that in (my) (our) opinion death occurred on the date and have and from the causes stated ATTENDING STAFF DIRECTOR | PHYSICIAN PHYSICIAN

Crownsville, A. A., Maryland

Sura wellason-bandett

D BY REGISTRAR 250 REGISTRAR'S SIGNATURE



074394 DEC -B 87 FOR

DHMH - 16 60M-7/84 (VRA 15, 4)

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(TYPE OR PRINT)

REGISTRAR

FIRST

. DECEASED NAME

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 20. DATE OF DEATH DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR YEAR BALTIMORE CITY OF COUNTY OF DEATH MARRIED X NEVER MARRIED Anne Arundel WIDOWED DIVORCED MD 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY AA General Hosp. Housewife 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Friendship 7072 Prout Rd./20758 YES [ NO K 15 MOTHER'S MAIDEN NAME LAST MIDDLE LAST FIRST Brady Jenny Sears ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT 58 2149 Jeanette Brady same as13 APPROXIMATE INTERVAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO SEATH BUT NOT PELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 70a AUTOPSY? 20b. IF YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH? YES [ NO F NO 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR 191 211 LOCATION STREET CITY OR TOWN COUNTY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) and that in (my) (exception death occurred on the date and hour and from the causes stated DEGREE 721 DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN PRECTOR PHYSICIAN 77e ADDRESS

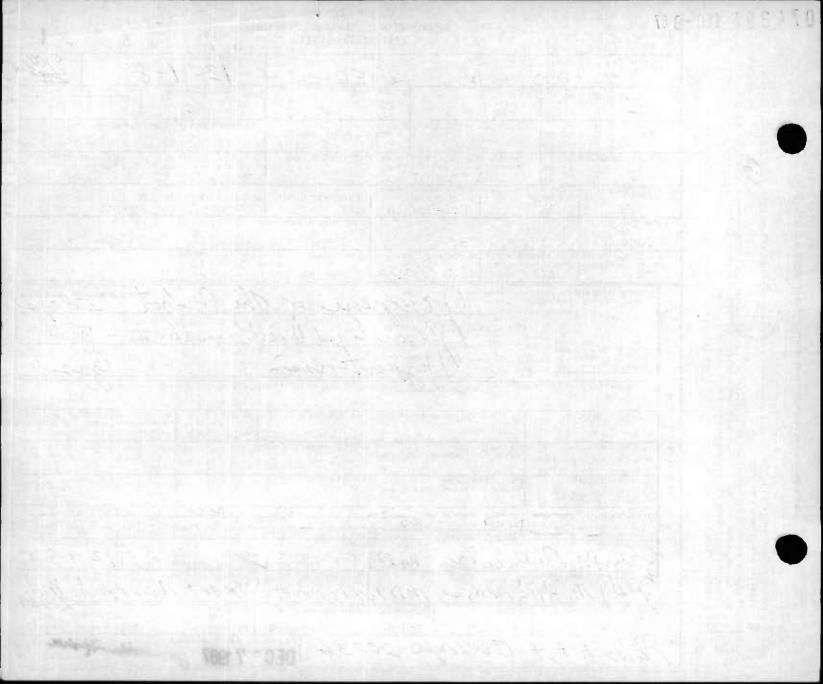
Smithville UM Church

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250 DATE REC'D, BY REGISTRAR 256. REGISTRAR'S SIGNATURE



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FOR

## STATE OF MARY **DEPARTMENT OF HEALTH AN**

CERTIFICATE OF

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DEATH	77761
DEATH	REG. NO. 3 3 4 8 6
	20. DATE OF DEATH MONTH DAY YEAR 26 HOUR
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	YRS
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Jacinuel	ar bo. Annaporro, na.

87 STATE REGISTRAR I. DECEASED NAME RISTIANNA 4. RACE 3. SEX DATE OF BIRTH N'84. 29 定 To. BIRTHPLACE (STATE OR FOREICH 76. CITIZEN OF WHAT COUNTRY? MARRIED . NEVE ryland U.S.A. Annapolis, 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER II A If MEN SUMPHY OF ETTET ACTES heral Annapolis USUAL RESIDENCE (IF NURSING NOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION MarVland All Country and all 13c. CIA An 13 Wool is 13d. INSIDE YES X 4 FATHER'S NAME 15 MOTHE MIDOLE Lucas LAST James Mic 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFOR (YES NOOR UNKNOWN) (IF YES, GIVE WAR OR OALES) None Lyn 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE O Conditions, if any, which gove rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAT CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PER 710. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCA (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on above, (1) (we) (did) (did not) view the body ofter death and that in (n 22b. SIGNATURE DEGREE 22d. PHYSICIAN'S HAME THE OF PRINTS 22e ADDR Jeffrey Briggs, 95 230 BURIAL, CREMATION, REMOVAL 12-4-87 234 NAME OF CEMETERY OF CREMATORY 234 LOCATION HILLCREST CEMETERY Annapolis (SPECIFY) Burial

DHMH - 16 60M 7/84 (VRA 15, 4)

24. FUNERAL DIRECTOR Beall-Evans Funeral Home 1212 West St

Annew Arunded 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

Leviden Bondatt

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR L DECEASED NAME MIDDLE LAST 20. DATE OF DEATH YEAR 2h HOUR (TYPE OR PRINT) oge 3 death GRACE LUGENBEEL DECEMBER 1987 poge 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 3. SFX 1916 Female Caucasian YRS. To BIRTHPLACE (STATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 7h CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY) United States ANNE ARUNDEL COUNTY Marvland WIDOWEDAK DIVORCED | ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 12h KIND OF BUSINESS OR NORTH ARUNDEL HOSPITAL (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY GLEN BURNIE Domestic Homemaker USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 136 COUNTY 13c CITY OR TOWN 13e. STREET ADDRESS 134. INSIDE CITY LIMITS? Elizabeth Rd. 21122 Maryland Anne Arund asadena NOF 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDOLE LAST MIDDLE 1AST FIRST Grace Cooke Agustus Geoghegan ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT Poges .O. Box 3275 Norman K. Lugenbeel Lakeland. Fla. 16 8109 No APPROXIMATE INTERVAL PART I. DEATH WAS CAUSED BY: phys tac une IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF IABETES Conditions, if ony, which gove rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION DISEASE CARDIOVIES 0 peen 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED à. IN CERTIFYING CAUSES OF DEATH? certificate has bed. NOF NO [ Hyg £ 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2) 00 buriol-tra HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Mental 8 MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 214. INJURY OCCURRED 210. PLACE OF INJURY 211 LOCATION this 5 COUNTY the b STREET CITY OF TOWN STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC ) AT WORK NOT WHILE 22e | certify that (1) (this hospital) attended the deceased from sow the deceased alive on 12 17 obove, (1) (we) (did) (did-not) view the bady after death and that in (my) (aur) apinion death occurred on the date and haur and from the causes stated be detoched to e Stote Dept. 22b. SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL \* ATTENDING STAFF FUNERAL DIRECTOR PHYSICIAN PHYSICIAN MPORTANT. 224 PHYSICIAN'S NAME (TYPE OF PRINT) 203 E. PATAPSCO AVE. d b BALTIMORE, MARYLAND 21225 Shoul SURYA P. MUNDRA, M.D.

23c NAME OF CEMETERY OR CREMATORY

Cemetery

Cedar Hill

Pasadena, MD 2112

23d. LOCATION

Baltimore

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Anne Arundel

BP. DHMH-16 50M 1/B1 (VRA 15, 4)

23a BURIAL, CREMATION, REMOVAL

McCully Funeral Homes

(SPECIFY)

24 FUNERAL DIRECTOR

23b. DATE

Dec.

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DALTI CRE, WEYLAND 21225

. H ANDER JUANS

524 N. CHARLES ST. 21201 BAUM 1900 RIVER RD. ARNOLD, MD. 21012 APPROXIMATE INTERVAL MINUTE DUE TO, OR AS A CONSEQUENCE OF CEREBRO VASCULAR ACCIDENT PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) CITY OF TOWN COUNTY STATE and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED STAFF DIRECTOR PHYSICIAN 22e ADDRESS 230 BURIAL CREMATION. 23c NAME OF CEMETERY OR CREMATORY BACTIMORE BURIAL COUNTY MD. 12/21/87 DRUID RIDGE Brehms Laria Date RECD. BY REGISTRAP 250 REGISTRAR'S SIGNATURE 24 FUNERALS CHIPMUNEK HOME, INC.

STATE OF MARYLAND

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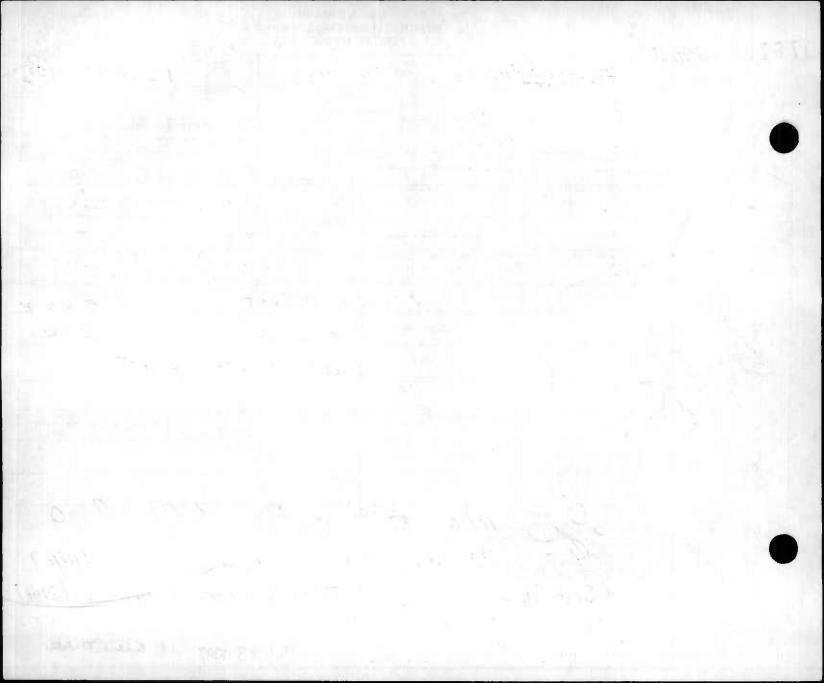
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DHMH - 16 50M 1/81 (VRA 15, 4)

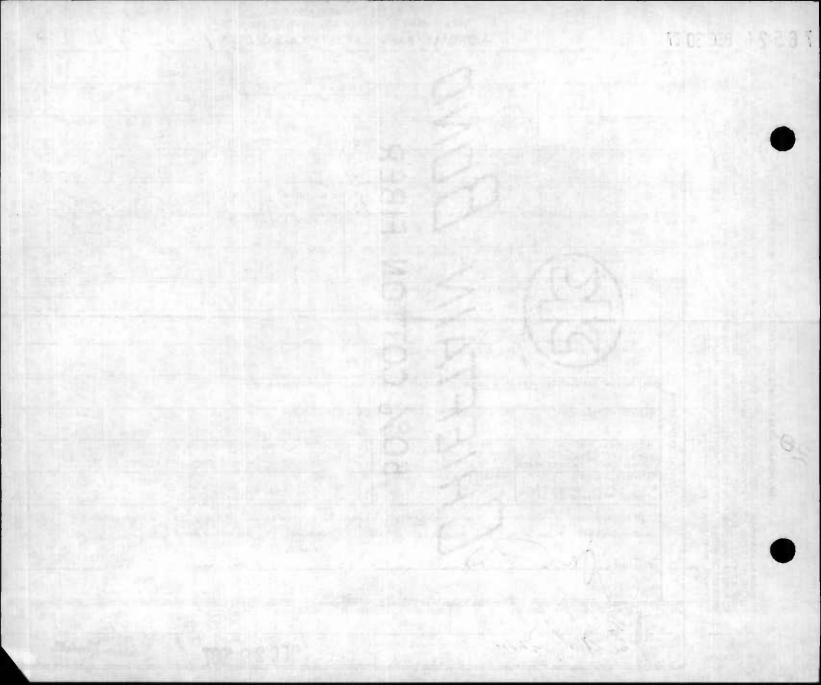
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1 0	TAN SECTION	7 5	pring	OR		MONTH DAY YEA	R ZIE. ME	OW INJURY OCCUR	RED LENTER NATURE OF IN	JURY IN ITEM 18 PART	1 OR PART 2)		
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ā	WARD WARD WARD PAGE 1ATE (	>	WHILE NOT	WORK	STREET, PACIC	MI, FARM, EIC.]		DIRECT	CITY OR TO	WN	COUNTY		STATE
	STA STA												
	EXAMINER: CERTIFICATE ULD BE FOR, DIRECTOR; , WITH THE S MARYLAND,	900	22a. I certify that	I took charge	of the remains desc	ribed obove, held on	Autop	sy L, Inspect	on . Inquiry	, and in	my opinion		
	ME WOLL	4	death resulted from	m: Natural	causes X,	Accident, S	vicide 🔲	, Homicide	Undetermined m	onner			
	AR WILL		/		·n	7		TITLE (SPECIFY)					
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	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDIN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICATE OF UNERAL DIRECTOR, PAGE 3 SHOULD BE USED AS A 1 AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH IN THE STATE DEPARTMENT OF HEALTH IN THE STATE DEPARTMENT OF WEALTH OF THE STATE DEPARTMENT	72.0		05.101.11	DATE	JORGS		ADDRESS_07		TICK		0,0	90
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The State of Survey as a Super and the State of Eller P. Jones and Eller Pharmage Or Dress

STATE OF MARYLAND



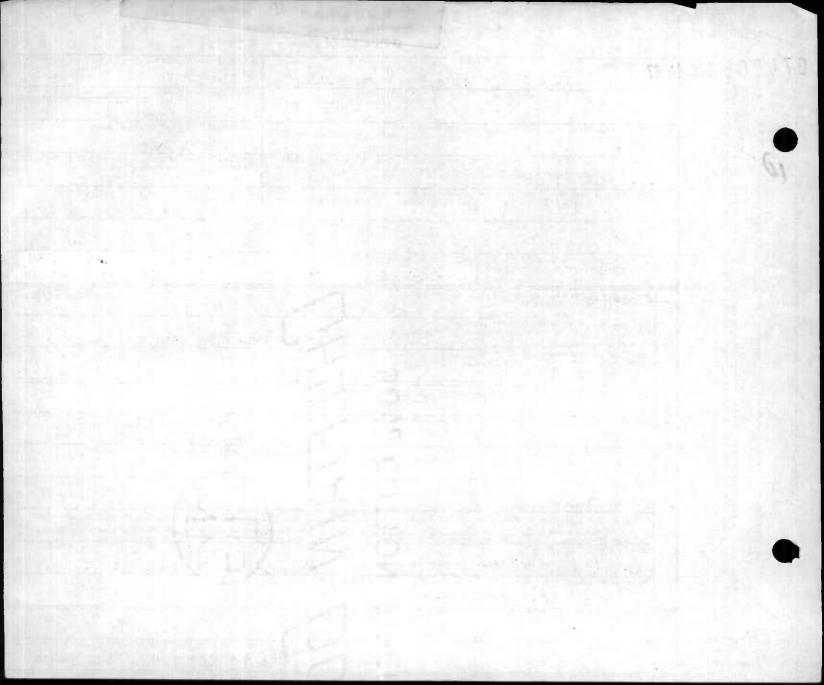
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# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO.	3	3	7	5

- 3	FOR STATE REGISTRAR	DEPARTA		EALTH AND A		IENE 7 REG. NO	3	3 7	5	7
		MIDOLE	L	AST		26. DATE OF DEATH		DAY YEAR	2b. HOU	R
thata	ASED NAME FIRST FRANCE	S CATHERINE	1	ARSHAL	L	12-07-87	7		2245	
3. SEX		4. RACE	S. DATE C			6. AGE (IN YEARS LAST BIRT	HDAY)	IF UNGER 1 YEAR		-
	F EMALE	BLACK	MONTE 1	L DAY	14	73	YRS	MONTHS: OAYS	HOURS	MIN
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	RGINIA	USA	WIDOWE	D NEVER A	ORCED	ANNE AF	RUNDEI			N
IO. CITY	OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET KIMBROUGH ARMY	ADDRESS)			128. USUAL OCCUPATI	ON	126. KIND (	Tample c. Sch	850 00
USUAL 13a ST	RESIDENCE (IF NURSING HOME OR ATE 13b. COUN BORGIA	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	E ADMISSION)		NO []	13e. STREET ADDRESS 122 Hope P.	Geo	rgia 3	1088	14
MATE	HER'S NAME FIRST	AIDDLE LAST			MAIDEN NA	ME		LA	ST	
	Christopher	C. Vaughan			ttie	٧,		Woo		
	AS DECEASED EVER IN U.S. AR.	WAR OR DATES)		17. INFORMA				obins31		
	No.	138-14-	3441	Willia	m J. Ma	ershall 122	Hope.			
	8. CAUSE OF DEATH (Enter on	ly one couse per line for (a), (b), on D BY:	id (c).}					BETWEEN	XWATE INTER	DEATH
		E CAUSE (o) RES	SPIRA:	PORY FA	ILURE			UN	KNOWN	1
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN								KNOWN KNOWN	
S		COI	NGEST	IVE HEA	RT FAII	LURE			VOIES	
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	21a. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	THE PARTY OF THE P	AY YEAR	21c. HOW IN	JURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18,	PART I OR PART 2)		
9	WHILE OCCURRED NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.)	211 LOCATION STREET	NO	CITY OR TO	WN	COUNTY	ST	TATE
	sow the deceased alive on	tol) ottended the deceosed from		OEC nd that in (my)	, 19 8	7 DEC death occurred on the d		ur and from the		
	Carl P.	lam-		DEGREE	ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN 🗍		ESIGNED EC 87	,
	CARL PHYSICIAN'S NAME (TYPE O	( Starrey		22e. ADDRES	S					
(58	JRIAL, CREMATION, REMOVAL Burial	12/11 /1987 Mt		e Bapt.	Ch. C			COUNTY		ate .ni
	VERALDREGFONERAL I NAME 1 Gwynns Falls	HOMES, INC. ADDRESS Pkwy. Baltimore	, Md.	21216	OE	C 1 1 1987		Deviden		r.A.



(VRA 15, 4)

STATE OF MARYLAND

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a cipa	-	Ja. 5	RESIDENCE IN MERITING HOME OR OT ATE 136 COUNTY	HER INSTITUTION, GIVENESIDENO	E BEFORE ADMISSIONY	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS	110	10	1032
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T., BALTIFICOTE be physicion apopers. Facult them			18. CAUSE OF DEATH (Enter only	one couse per lune for (a),	(b), and (cy)					MATE INTERVAL
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ON ST th cert nding corbor or ren				DUE TO, OR AS A CON	SEQUENCE OF	, , ,			77	
ST on the property			Conditions, if ony, which	( 16) Obstr	weting,	fandicel			ow	un
4 4 4 4 4			gave rise to immediate cause (a), stating the	DUE TO, OR AS A COM	SEQUENCE, OF	FR.J.1	6.4		7	
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DS, 20 puires that signed hen pleed to burio or itury, o		_	PART 2. OTHER SIGNIFICANT CO	nditions <u>contributin</u>	G TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVE	N IN PART 110	,
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DIVISION OF PROPERTY After 14 Se os the colth and marked			AT WORK AT WORK		Heir	5	1 17/10	9	21	)
Z - 2 3 + 2	2		220.1 certify that (1) (this haspital saw the deceased alive on	offended the deceased	trom	d that in (my) (our) opinion	death occurred on the d	ote and hour		that (1) (we) lost
OR ATTE e hospito DIRECTO Sched for Dept of h			/obove/Un(we)(did) (did not)	riew the body after death	. , - /	DEGREE.	dediti decorred on the d	one one moor	22c. DATE S	
			24. SIGNATURE)	11.11.11	10 1	ATTENDING	MEDICAL _ STA	FF	11)	12/50
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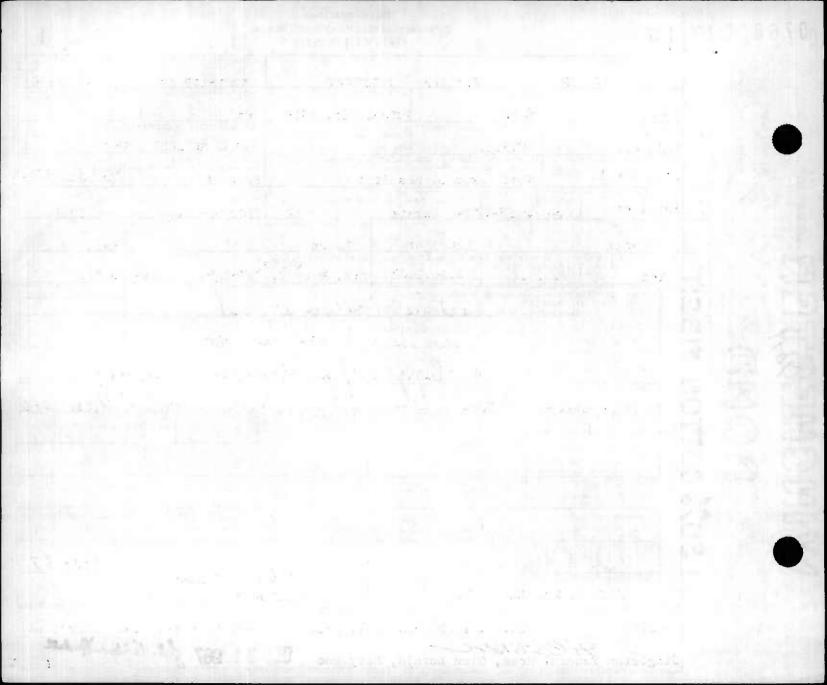
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MARYLAND 2120' sed within 24 hours mpletely filled in by eag 2 should be file	13a S	AL RESIDENCE (IF NURS TATE cyland	136 COUP		13c CITY OR	RTOWN	13d INSIDE (	CITY LIMITS?		T ADDRESS /		DE		061	
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Ō ᢓ	23a E	URIAL, CREMATION,	REMOVAL				CEMETERY OR	CREMATORY	23d LC	CATION					1.15
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DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR Singleton Funeral Home, Glen Burnie, Maryland Brooklyn Pk. A.A.

Maryland



### STATE OF MARYLAND

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	TTE	for to the state of H		saw hadereded	plive 8n4	93 29 Day 19 19 19	37, and that in (my) (aur) opinian	death occurred on the date of	and hour and from	the couses	stated
	OR ATT	hed frept.		226. SIGNAFORE	C	The time body unter death.	DEGREE		22c D	ATE SIGNE	D
	the o			1	1	Man	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	X 2	9 00	187
	by by	E OS &	1	226 PHYSICIAN'S NAME	E (TYPE OR PR	INT)	22. ADDRESS,				
	HOSPIT		1	Robert	· ( -	Mosse	130 Holiday	suft Suite 11	of Annas	10/45	Md
	Tefo	5 % 3 X	23n	BURIAL, CREMATION, REA	MOVAL T	23b DATE 23c	NAME OF CEMETERY OR CREMATORY	236 LOCATION			
	BP.		1.53	(SPECIFY) BURL	AC	1-2-80 1	PANKIN PINE MEM !	OF MINETE	HALL API	2	min
	Dr.		24 6	UNERAL DIRECTOR	-	1 0- 00 11	25a DA	TE REC'D. BY REGISTRAR 25h	REGISTRAR'S SIG	NATURE	111
		- 16 60M 7/B4	1	ARPANIL	sel	crna Parkess	Finand Home JA	N 5 1988	F 1 2 200 - 8	and me	data
	(V	RA 15, 4)	1	11/4/1000				- 1000	1		

Hack to the state of the state SAME STATE MA House I was the first that the form BASA CHUT O YERREN L. TASE

executed within 24 hours after death. Page 4 may be

led in by the funeral director, page 3

#### STATE OF MARYLAND

1 1131	10	HEAL	IH AND	WELLIAF	HIGI
CEI	RTI	FICA	TE OF	DEATH	

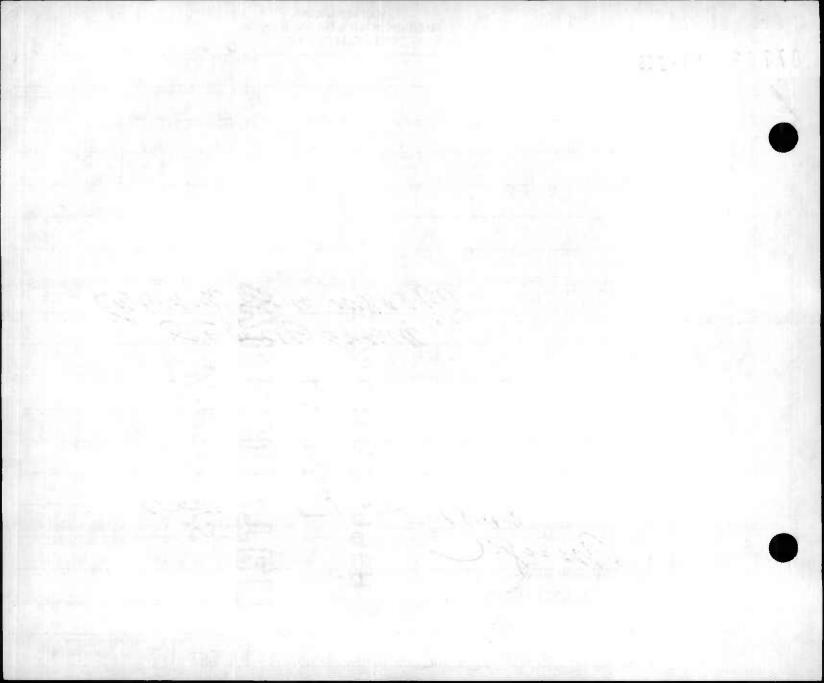
FOR STATE REGISTRAR	DE		HEALTH AND MENTAL HYG	O "7	REG. NO.	3	7	9	3
DEGEASED NAME FIRST	MIDDLE		LAST	20 DATE OF DE	ATH MONTH	DAY	YEAR	2h HOL	JR
ANNA		MICI	HAYTO	DECEMB	ER 28.	1987			М
3. SEX	4 RACE	S. DATE (		6. AGE IIN YEAR		IF UNDE	R I YEAR	IF UNDER	MIN.
FEMALE	WHITE		OBER 08,1905	82	Y	RS.	DAIS		Mira.
To BIRTHPLACE   STATE OR FOREIGN	76 CITIZEN OF WHAT COL	INTRY? 8.	D NEVER MARRIED	1. BALTIMORE	CITY OR COU	NTY OF DE	ATH		
CZECK.		DIVORCED	ANNE	ARUNDET				MD.	
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, I	OR OTHER INSTITUTION	120 USUAL OC			KIND O	FBUSINI	ESS OR	
TINTHICUM	312 ARDMOR			HOUSE			N HC	OME	
USUAL RESIDENCE (IF NURSING HOME O 130. STATE 1136 COU	ROTHER INSTITUTION, GIVE RESIDEN	CE BEFORE ADMISSION	1134 INSIDE CITY LIMITS?	13e. STREET ADD					
MARYLAND ANN		THICUM	YES NOX		RDMORE	ROAD	2109	0	
14. FATHER'S NAME FIRST		AST	15. MOTHER'S MAIDEN NA	ME	IDDIE	1.337.313	LAS		
In. WAS DECEASED EVER IN U.S. AI		AL SECURITY NO.	17 INFORMANT		ADDRESS				
(YES, NO OR UNKNOWN) (IF YES, GI	IVE WAR OR DATES}		SUSAN SCOCHIN	J 312 A	RDMORE	CINOR			
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost  PART 2 OTHER SIGNIFICANT  190 DATE OF OPERATION	DUE TO, OR AS A COM  (b)  DUE TO, OR AS A COM  (c)  CONDITIONS CONTRIBUTION  196 CONDITION FOR	NSEQUENCE OF		INAL DISEASE O		I GIVEN IN I			
DATE OF OPERATION	198 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	7 2 4	IN CE	ERTIFYING (		OF DEAT	TH?
71g. ACCIDENT WAS UNDERLYING	1 216. TIME OF INJURY		Tale HOW IN HIRV OCCUPY		0/2	YES [		NO [	
19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE ETHER NOTIFY MEDICAL EXAMINE  21d INJURY OCCURRED	HOUR A.M. MON	TH DAY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATUR	OF INJURY IN ITEA	A 18 PART I OR	PART 2)		
21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	211. LOCATION STREET	c	ITY OR TOWN	co	YTAU		STATE
220.1 certify that (1) (this hasp saw the deceased alive a	0-10-01	19	nd that in (my) (aur) apinian	to 12-	n the date and	haur and f		that (I) (	
22b. SIGNATUR	at) view the bady after death		DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN			SIGNED	
22d. PHYSICIAN'S NAME (TYPE			22e ADDRESS		- 01000			,	
230 BURIAL CREMATION, REMOVAL	ANGOV, M.D.	1234 NAME OF C	1 3350 WILKEN	23d LOCATK	E 21229				
(SPECIFY) BURIAL	12/31/87	ST. MAI		TAYL	IOWN	COUN	TY		STATE
DOLLTUTI							757	NIVA.	

AMBROSE FUNERAL HOME 1328 SULPHUR SPRING ROAD

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

should be detached for use as the burial transition to with the State Dept. of Health and Memal Hearer pira to MADRIANI. If Hem 21 is marked or tem 18 form TO FUNERAL DIRECTOR: After this certificate has b TO HOSPITAL OR ATTENDING PHYSICIAN. The retained by the haspital or attending physician



1	13	FORT	28	87
		DECLISTD.		

C 050 50 01

76

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

7	3	3	7	9	-
REG. NO.	6.9		-		

REGISTRAR				CLRIIII	CAILOI	DEMIN	0	REG. N	10.	4	
DECEASED NAME	FIRST		MIDDLE	LA	ST	DE EN	2a DATE	OF DEATH		DAY YEAR	26 HOUR
THE OR PARTY	Albert	Love	e11	Moa	tz			Dece	mber 2	22, 1987	4.304
3. SEX		4. RACE		5. DATE O		YEAR	6. AGE	IN YEARS LAST BE		IF UNDER I YEAR	IF UNDER 24 HRS
Male		White		April		1916	71		YRS	MONIHS BAYS	HOURS MIN
BIRTHPLACE (SIA	TE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIED	XNEVE	R MARRIED	9 BALTI	MORE CITY	OR COUNT	Y OF DEATH	
laryland		U.S.A.		WIDOWED		DIVORCED [		e Arun	del Co	).	MC
COLLOWN O	FDEATH	(IF NOT IN SUC	HOSPITAL, NURSING HEACILITY, GIVE STREET A	(DDRESS)	R OTHER IN	STITUTION	(TYPE OF	AL OCCUPAT	OF WORKING LI	FE) INDUSTRY	F BUSINESS OR
Severn	NURSING HOME OR		tis Drive				Supe	rvisor		Westin	ghouse
Maryland	136 COUN		130 CITY OR TOWN		13d INSIDE	CITY LIMITS?		Otis I		211	44
4. FATHER'S NAME		MIDDLE	LAST		15 MOTHE	R'S MAIDEN N	IAME	MIDDLE		IASI	
William		A.	Moatz	8.87	K	athlee	n	WIDDER		Water	
60 WAS DECEASED		MED FORCES?	166 SOCIAL SECUE	RITY NO.	17 INFORA	NOT WIF	e)	ADDR	ESS		
les		II	214.18.63	343	Emma	E. Moa	tz	Same	as #	13	
18 CAUSE OF I	DEATH (Enter on	ly one couse per	line for (a), (b), and	(c).)						APPROXI BETWEEN C	MATE INTERVAL
PART I. DEA	TH WAS CAUSE	E CAUSE (o)	Ca		. 1	Lung					
	IMMEDIAL	E CAUSE (0)			0	-					
		DUE TO OI	R AS A CONSEQUE	NCE OF							
Conditions, if	any which	1									
gove rise to		(p)									
couse (o),	stoting the	DUE TO OF	R AS A CONSEQUE	NCE OF							
underlying	ouse lost										
		(c)									
PART 2 OTHER	SIGNIFICANT	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT N	NOT RELATE	D TO THE TER	MINAL DISE	ASE OR CON	DITION GIV	EN IN PART 110	
5											
190 DATE OF OF	EPATION	10h CONDI	TION FOR WHICH (	OPERATION	I MANAS DE DE	OPMED	1 20a A	JTOPSY?	Tank IE VE	S, WERE FINDIN	CCLICED
19a DATE OF OF	EKATION	190. CONDI	TON FOR WHICH	OFERATION	WASPERF	OKWED	200 A	JIOPSIT	IN CERTI	YING CAUSES	OF DEATH?
<u> </u>							YES T	TON [		S $\square$	NO [
210. ACCIDENT W	SUNDERLYING F	21b. TIME O	F IN ILIRY		21r HOW	INJURY OCCU	DDED / suite				
	CAUSE OF DEA		M MONTH DA	Y YEAR	110.11011	TOOKT OCCO	KKED (ENIE	NATURE OF INIL	JKY IN IIEM IS I	PART   OR PART 21	
OF EITHER NOTIFE	MEDICAL EXAMINER		M	19							
OF CONTRIBUTING		21e PLACE			211 LOCAT	ION					
WHILE IN N			EET. FACTORY, OFFICE, FA	RM, ETC )	STRE			CHY EN 19	nios,	COUNTY	STATE
	OT WHILE			,	/				N		
220 Leastify the	the basel	ol) attended the	e deceased from	12/	14/1	7 10 X	7	151	119	10 82	6
	ceased alive on	1211	9	7	-	7		190			hat (we) lost
obove (I) (	ve) (did) (did not	) view the pady	atter death	, one	thot Cim	On I obserte	n death accu	tred on the d	and hou	ond from the o	ouses stated
226. SIGNATUR		2	one death.	D	EGREE		-			22¢ DATE A	SIGNED
/	1	1				ATTENDING	MEDIC	AL STA	FF		/-
6	non o	10 mm	on 1	n		PHYSICIAN	DIRECT	OR PHYSI	CIAN	(2/2	13/874
22d. PHYSICIAN	S NAME (TYPE OF	PRINT)			22e ADDRE	55					
						710	Rich	ie Hig	hway		
Dr.	John For	man						nie, M		2	1061
BURIAL, CREMAT	ON REMOVAL	23b. DATE	23¢ N	AME OF CE	METERY OF	CREMATORY	[23d 10	CATION	Y		XVIII.
(SPEC#FY)	_ ,										
Burial	-							CITY OR TOWN		COUNTY	STATE
	9	Dec. 26			Park			ltimor	e	2.0	vland .
FUNERAL DIRECTO	OR SA		, 1987 Lo	oudon	Park		Ва	ltimor		Mary	land
FUNERAL DIRECTO	R D fla	Dec. 26			Park		Ва	ltimor		2.0	land

24 FUNERAL DIRECTOR

NAME

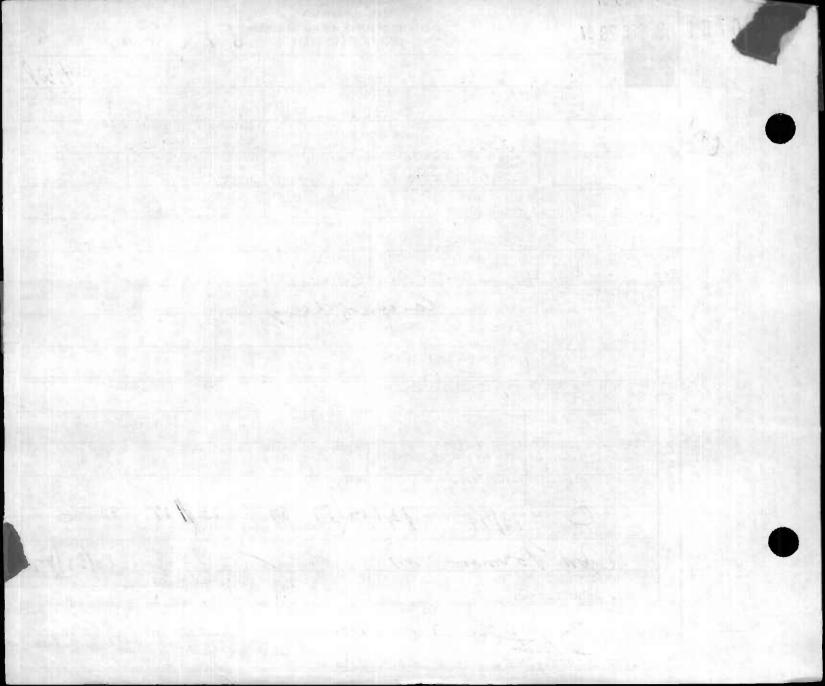
Singleton Funeral Home, Glen Burnie, Maryland

DHMH - 16 60M 7/84

(VRA 15, 4)

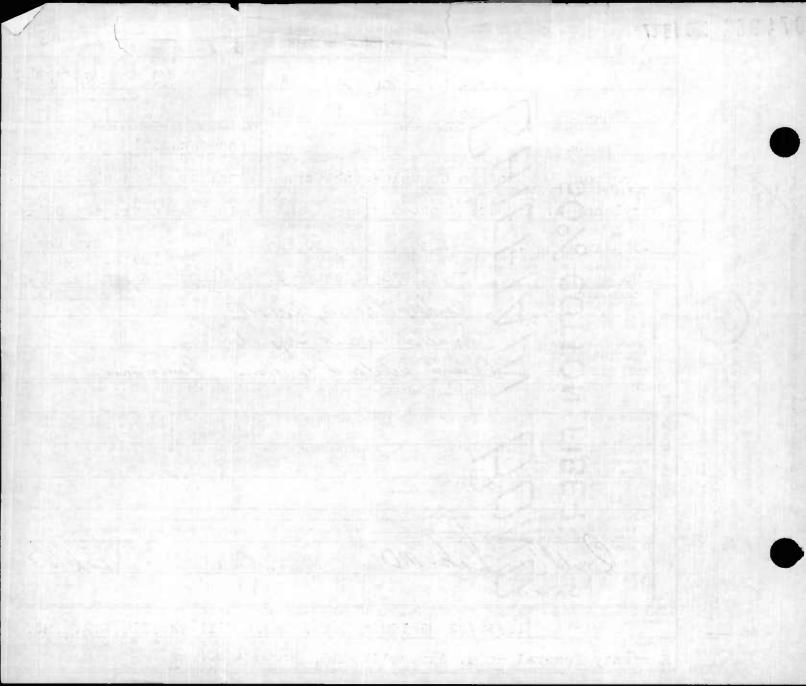
TO HOSPITAL

BP.



RE, MARYLAND 21201	ecuted within 24 nour after death. Page 4 may be	d completely filled in by the funeral director, page 3 es 1 and 2should be "lind" illy 72 hours after death
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	L OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hour lafter death. Page 4 may be the haspital or attending physician.	L DIRECTOR. After this certificate has been signed by the outminding hyston and completely filled in by the funeral director, page 3 stretched for use as the buring-frontial-frontial form. Then the best more controlled to the page 1 and 2 should be filled with 72 hours after death and the state of Associate buring the page 1 and 2 should be filled with 72 hours offer death and associated buring the page 1 and 2 should be filled with 72 hours of the death and 2 should be filled with 72 hours offer death and 2 should be filled with 72 hours of the death and 2 should be filled with 72 hours of the death and 2 should be filled in by the fundamental buring the filled with 2 should be filled in by the following the filled with 2 should be filled in by the following the filled by th

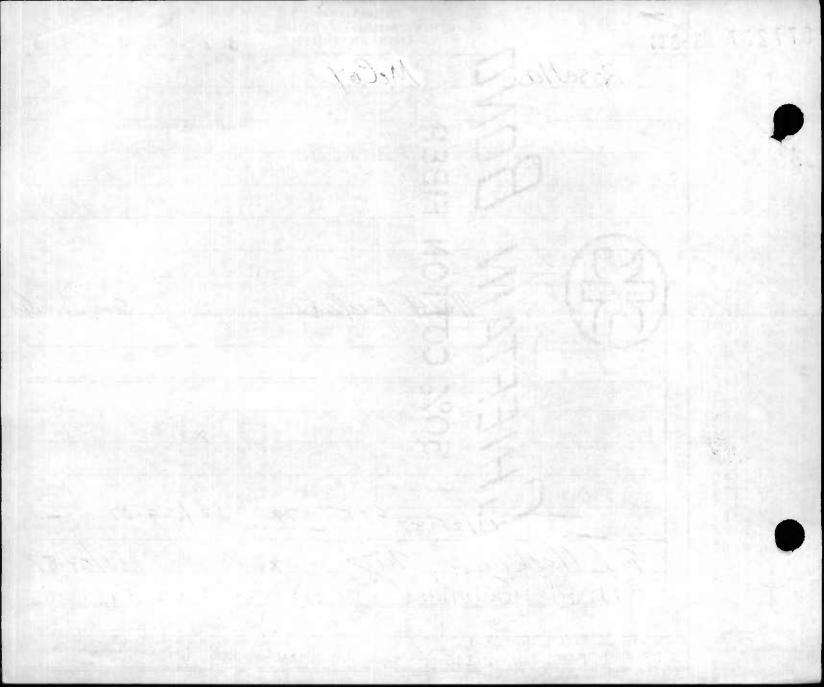
4964 DEC	T Cibe		STATE OF MARYLAND	
4 3 0 4 056	TATE REGISTRAR	DEPARIM	ENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	a 7 (3//95
	1. DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH DAY YEAR 26 HOUR
oth o	TYPE OR PRINT			12 8 1987 7:30 6
noy be	3 SEX	E ESTELLE M	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS.
ge 4 mc	Female	White	2 16 1908	79 YRS HOURS MIN.
Po Pon	To BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF DEATH
nerol 72	Maryland	USA	WIDOWED DIVORCED	Anne Arundel MD.
He fr	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING	G HOME OR OTHER INSTITUTION	128. USUAL OCCUPATION 126. KIND OF BUSINESS OR INDUSTRY
by the	Crofton	Crofton Conva		Analyst Dept.of Def
filled in gold be	USUAL RESIDENCE (IF NURSING HOME O			13e STREET ADDRESS / ZIP CODE
in 2 should	Maryland   A.	Arundel Crofto	YES NO A	Reidel Rd & Rt. 424 21114
ond Sthe	FIRST	MIDDLE LAST	FIRST	MIDDLE LAST
E O E	Leonard  160 WAS DECEASED EVER IN U.S. AF	H. Ames	Louise IT INFORMANT	Overton  ADDRESS 107 E.Bayview D
Poges medico		ve war or dates) 2164489		Moodispaw Annapolis, Md.
re be		ally one couse per line for (a), (b) and		ATTITUDE TO THE TOTAL SET WEEN ONSET AND DEATH
Phico Poop Poop	PART I. DEATH WAS CAUSI	TE CAUSE (0) Cardley	Sulmeras and	BETWEEN ONSET AND DEATH
h cert	7 93 89 MINEUIA	DUE TO, OR AS A CONSEQUEN	NCE OF	
deat from	Conditions, if ony, which	( 16) Multipe	le Cerclinal Aser	ils -
the state of the s	gove rise to immediate couse (a), stating the	DUE TO ORAS A CONSEQUE	TCE OF	, P
d by least iol, ar of	underlying couse lost	( Churu J	cultura Limin	Inel, Phillmones
equires n signe Then pl to bur injury, o		CONDITIONS CONTRIBUTING TO DE	EATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVEN IN PART 110
been mit. T	190 DATE OF OPERATION  1710. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH C	PERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED
w ne po	JEF.			YES NO YES NO NO
Z & Soft w		216. TIME OF INJURY	Y YEAR 21c. HOW INJURY OCCURE	ED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART ?)
HYSICIA ding pl is certif burial-1 Mental	OR CONTRIBUTING CAUSE OF DE	AIR	19	
A Maria	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, FAI	RM. ETC ) 211 LOCATION STREET	CITY OR TOWN COUNTY STATE
or after the ooth one of the one	AT WORK AT WORK			
Z - S Z S -	22a.1 certify that (I) (this hasp saw the deceased alive or	ital) attended the deceased from	and that in (my) (nur) normon	to, 19, that (h) (we) lost death occurred on the date and hour and from the causes stated
F 0 F F 0 0 0 F	27b, SIGNATORE	t) view thir body offer death	DEGREE	22¢ DATE SIGNED/
mil = mil ← (i)	V realed	1. I other M	ATTENDING	MEDICAL STAFF 1 / (C/C)
HOSPITAL inned by th FUNERAL wild be det h the Stote	228 PHYSICIAN'S NAME (TYPE		PHYSICIAN 2220 ADDRESS	DIRECTOR PHYSICIAN   12/0/07
HO FU	SRA	ta		
with the state of	230 BURIAL, CREMATION, REMOVAI	23b. DATE 23c N	AME OF CEMETERY OR CREMATORY	23d. LOCATION
BP	(SPECIFY) Burial	12/10/87 Bal	Ldwin Meth. Cem	. Millersville A.A. Md.
DHMH - 16 60M 7/B4	24. FUNERAL DIRECTOR	ADDRESS	25a. DATI	REC'D. BY REGISTRAR SIGNALURE
(VRA 15, 4)	Hardesty Funer	ral Home, Annap	polis, Md.	1 7 1301 0



#### STATE OF MARYLAND

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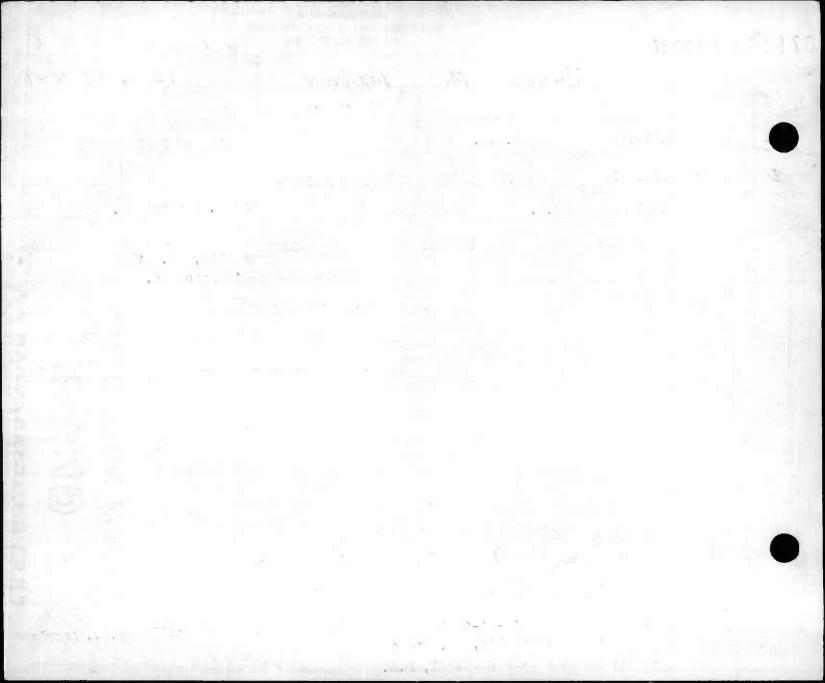
077267 JAN	j.	FOR STATE URIGISTRAR					HEALTH AND	MENTAL HYG	SIENE 8	REG. NO	3	3 7	9	6
Page 4 may be director, page 3 hours after death	3. SE.	Female RTHPLACE (STATE OR F		A. RACE Cauca	M. Sion WHAT COUN	MO 8	OF BIRTH - 10	- VEAR	6 AGE INY	115	12 -	AY YEAR  29 -87  IF UNDER 1 YEAR  ONTHS DAYS  OF DEATH	IF UNDER 24	рм
is after dear	OI O CI	TY OR TOWN OF DEA COWNSVILLE		HAME OF FAIRE	ield Nu	URSING HOMI STREET ADDRESSI Arsing	OR OTHER IN	R MARRIED DIVORCED DIVORCED STITUTION	Anne	e Arun	del C	ounty,		MD. SS OR
BALTIMORE, MARYLAND 2120  iote be executed within 24 hours system and completely filled in b ppers. Pages 1 and 2 should be fill val.  is, the medical examiner house it.	130. S Mai	AL RESIDENCE (IF NURS ITATE TYLAND THER'S NAME FIRST	Anne	TY	13c CITY OR	na Par	13d INSIDE	CITY LIMITS? NO X R'S MAIDEN NA	ME	Viltsh MIDDLE	ire L	ane /		
ALTIMORE, MA te be executed incon and completes. Poges 1 [One		VAS DECEASED EVER YES. NO OR UNKNOWN) NO	IN U.S. ARA	MED FORCES? WAR OR DATES)	216-46	SECURITY NO	Mari	on McCoy		Jr:know ADDRES as #	S	APPRO	KWATE INTERVA	Al
201 W. PRESTON ST., es that the death certific ned by the attending ph please remove carbon p urial, cremation, or rema	NOI	Conditions, if ony, gove rise to imm couse to , stolin underlying couse	which nediote g the lost	DUE TO, C	He, DR AS A CONS	SEQUENCE OF	Facel	D TO THE TERM	NNAL DISEASI	E OR COND	ITION GIVE	Seve	and hus	zili
N: The law in yystran. cate has bee gest permit. Myggrae pripe. Myggrae pripe.	CERTIFICATION	190 DATE OF OPERAT		196. CONE		'HICH OPERAT		ORMED	YES D	но 💢	IN CERTIFY YES		NGS USED S OF DEATH	2
DIVISION OF  DING PHYSICIA or attending ph se os the buring the ond Mental marked or Item	MEDICAL C	OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING COURSE CONTRIBUTING CONTRIBU	AUSE OF DEAT  ALEXAMINER)  RED  THE	H HOUR A P PLACE INTHOME ST	.M. MONTH .M. OF INJURY TREET FACTORY, O	rom	₹	10N ET	, to	CITY OR TOW	29	COUNTY 9.87.	STA that (It Gue	a) last
TO HOSPITAL OR ATTEN retoined by the hospital TO FUNERAL DIRECTOR should be detached for u with the Stote Dept of H. IMPORTANT. If them 21 is		obove, (I) (ya	ME (TYPE OR	chu	und Chm	wan'	DEGREE 1270 ADDRE	ATTENDING PHYSICIAN D	MEDICAL DIRECTOR	STAFF	/a 16	1270. DATE		is lis
BP		URIAL, CREMATION,		12-30	-87	Westvi	CEMETERY OR EW Crem	atory		vî'ew,		more,		TE
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FL	SEVERNA	PARK,	MD.	21146°	RESS		250. DAT	5 19	egistrar ?	56 REGISTR	AR'S SIGNA	URE	



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

10 20		CEASED NAME	FIRST		WIDDIE		AST	20. DATE OF DEATH	MONTH	OAY YEAR	26. HOUR
- 20	FINE	ORPRINT)	JAME	5	M.	Mo	WIdeN		12	16 87	8:00 p
	3. SE	(	4.1	RACE		S. DATE		6. AGE (IN YEARS LAST BIR	THDAY)	MONTHS DAYS	HOURS MIN
	IAM	E RTHPLACE   STATE OR		BLAC	WHAT COUNTRY		19 1922 1	9 BALTIMORE CITY O	YRS.	V OC DEATH	
of once.		YLAND		U.S.A		MARRIE	D NEVER MARRIED	ANNE AR			
Signal Signal		APOLIS	ATH 11		CH FACILITY, GIVE STREE	ADDRESS)	AL HOSPTTAT.	120. USUAL OCCUPAT			OF BUSINESS O
most be	13a. S	AL RESIDENCE (IF NUR. TATE RYLAND	13b. COUNTY	HER INSTITUTION		E ADMISSION) VN	134. INSIDE CITY LIMITS? YES NO	935 W. Beni	ning	20/ Rd.	65
E		THOMAS	MID		MOULDEN		15. MOTHER'S MAIDEN NA FIRST MARY	MIDDLE	PETE	RS	ST
e medicol		VAS DECEASED EVER res. no or unknown) NO	(IF YES, GIVE W		166. SOCIAL SEC	URITY NO.		napolis, ADM			
,		PART I. DEATH V	H Enter only	one couse pe	er line for (a), (b), a	Α.	7	+		BETWEEN	XIMATE INTERVAL ONSET AND DEATH
event, the		, All I Deville	IMMEDIATE (		Car	dion	strugal au	as (		10	mins
other troumatic		Conditions, if ony		DUE TO, (b)_	OR AS A CONSEQU	ENCE OF	ruler cook	thica		10	mis
		gove rise to im couse (a), statii underlying couse	ng the	DUE TO, (	OR AS A CONSEQU	ISUL	enic cede	Ragoma		4.	years
n signed by Then please to burial, cr injury, or oth	NO	PART 2 OTHER SIG	NIFICANT CO	NOITIONS	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	IDITION GI	IVEN IN PART 1	10
6	CERTIFICATION	19a. DATE OF OPERA	TION	196 CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CERT	ES, WERE FIND IFYING CAUSE IES []	INGS USED S OF DEATH?
or flem 18 shows		21a. ACCIDENT WAS UN OR CONTRIBUTING	CAUSE OF DEATH	HOUR A	OF INJURY I.M. MONTH ( P.M.	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	IRY IN ITEM 18	PART I OR PART 2)	92 1
morked or it	MEDICAL	21d. INJURY OCCUR	RED HILE	21e. PLACE	OF INJURY TREET, FACTORY, OFFICE,	FARM, ETC )	211 LOCATION STREET	CITY OR TO	NWC	COUNTY	STATE
H is		22a.1 certify that (1 saw the decease above (11)(we) (	(this hospital	4 44	9 1 1	-	nd that (my) (our) opinion	deoth occurred on the d	ote ond ha	19 87	tha (I) we) los
DIRECTOCKED TO DEPT.		22b. SIGNATURE	did raid not v	new the bod	y offer death.	10	DEGREE ATTENDING PHYSICIAN	MEDICAL STA		22c. DAT	E SIGNED
MPORTANT		224. PHYSICIAN'S N	AME (THEORY	.Ne	May		134 Owe	willed u	Jest C	Jer MD	20778
<u> </u>		SURIAL, CREMATION	REMOVAL	236. DATE 12-21	1.		EMETERY OF CREMATORY	23d LOCATION CITY OR TOWN	411.0	COUNTY	STATE
	24 F	UNERAL DIRECTOR	Anna	polis	, Md . AD 211			TE REC'D. BY REGISTRAR		STRARSSIGNA	THE TYLAN
1/81		LLIAM REE		-	ADDRESS	O.L			1		



DHMH - 16 50M 1/81

(VRA 15, 4)

remation

24 FUNERAL DIRECTOR

23c NAME OF CEMETERY OR CREMATORY

23d. LOCATION

2b. HOUR

NO [

STATE

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1	-	STATE
		REGISTRAR

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	EG. NO.	3	.3	1	9	y
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South   Sout		•	REGISTRAR		CE	RTIFICATE OF DEATH	B REG. NO	0.	7
Female  White Sept. 16A, 1925  62 VRS.  COUNTRY  PARTHERACE   STATE DEFORMENT  SOUTH CARDINARY  SOUTH CARDIN	5 37	DEC TYPE O	Char		MIDDLE	Neuton	20 DATE OF DEATH	MONTH DAY YEAR	26 HOUR
Female  The BRITHPIACE ESTATE OF POPEAT  THE BRITTHIA THE BRITISH OF POPEAT  THE BRITHPIACE ESTATE OF POPEAT  THE BRITTHIA THE BRITISH OF POPEAT  THE BRITTHIA THE BRITTHIA THE BRITISH OF POPEAT  THE BRITTHIA THE BRITT	3. SF	. SEX		4. RACE			6 AGE (IN YEARS LAST BIRT		IF UNDER 24 I
Second Carolina   United States   Never Married   Warring   Warr	H.		Female	Whit	e S	ept. 16, 1925	6		NOURS P
SOUTH CAROLINA    I. NAME OF PROSPITAL NURSHING HOME OR OTHER INSTITUTION   I. B. USUAL COLUPATION   I. B. WAND OF BUT AND OTHER HORSES   I. B. USUAL COLUPATION   I. B. WAND OF BUT AND OTHER HORSES   I. B. USUAL COLUPATION   I. B. WAND OF BUT AND OTHER HORSES   I. B. USUAL COLUPATION   I. B. WAND OF BUT AND OTHER HORSES   I. B. USUAL COLUMN   I. B. WAND OF BUT AND OTHER HORSES   I. B. STREET ADDRESS / ZIP CODE   I. B. WAND DECEASED EVER IN U.S. ARRED FORCES?   I. B. SOCIAL SECURITY NO   I. B. WAND DECEASED EVER IN U.S. ARRED FORCES?   I. B. SOCIAL SECURITY NO   I. B. NORMANT   ADDRESS   I. B. STREET ADDRESS / ZIP CODE   I. B. WAND DECEASED EVER IN U.S. ARRED FORCES?   I. B. SOCIAL SECURITY NO   I. B. NORMANT   ADDRESS   I. B. SOCIAL SECURITY NO   I. B. NORMANT   ADDRE	7a B			76 CITIZEN OF	WHAT COUNTRY? 8		9/BALTIMORE CITY O	R COUNTY OF DEATH	
USUAL RESIDENCE   IN NOTIFICATION OF STREET ADDRESS   NOTIFICATION OF STREET ADDRESS   NOTIFICATION OF STREET ADDRESS   NOTIFIED	/ s	-		United	Chahaa	_	HAME AR	UNDER CO	
USUAL RESIDENCE (# PARISHON HOME OF OTHER INSTITUTIONS CONTRIBUTIONS OF STATE STORMS STATE IN THE STATE IN	1	CIT	TY OR TOWN OF DEATH		HEACHITY, GIVE STREET ADDRES	(5)	TYPE OF WORK FOR MOST OF	F WORKING LIFE) INDUSTRY	BUSINESS
Md. A.A. Arnold YES NOW 1295 Circle Dr. / 21012    FATHER'S NAME					GIVE RESIDENCE BEFORE ADMIS	SION)			
LETOY K. Brown Wirginia King  16s WAS DECEASED EVER IN U.S. ARMED FORCES? 1785, NO.05 UMENOWN (EF YES, COVE WAS DECASES) 1785, NO.05 UMENOWN) 1886, NO.05 UMENOWN 1886, NO.05 UME	100					YES NO 🔀	1295 Circl		2
Leroy K. Brown   Wirginia   King	PASE	FA		MIDDLE	LAST			7241	
TEST, NO OR UNKNOWN	40VL	Le			_		Model		
IS CAUSE OF DEATH LEMET only one couse per line for 101, (b), and IC  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE TO)  DUE TO, OR AS A CONSEQUENCE OF  OUT TO BE TO OR AS A CONSEQUENCE OF  OUT TO OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  198 DATE OF OPERATION  199 DATE OF OPERATION  190 DATE OF OPERATION  190 DATE OF OPERATION  198 DATE OF OPERATION  199 DATE OF OPERATION  190 DATE OF OPERATION  191 DATE OF OPERATION  190 DATE OF OPERATION  191 DATE OF OP					166 SOCIAL SECURITY	NO. 17 INFORMANT	ADDRE	SS	
18 CAUSE OF DEATH (Enter only one couse per line for 101, (b), and 101   PART I. DEATH WAS CAUSED BY:   IMMEDIATE CAUSE 105   SC   S   S     DUE TO, OR AS A CONSEQUENCE OF				VE WAR OR DATES!	217-62-945	0 Mr. Perry E	. Newton, Jr.	(same as 1	3)
OR CONTRIBUTING CAUSE OF DEATH  (#EITHER NOTIFY MEDICAL EXAMINER)  P.M. 19  214 INJURY OCCURRED  WHILE AT WORK  NOT WHILE AT WORK  226 I certify that (I) (this hospital) ottended the deceased from Sow the deceased alive on Obove, (I) (we) (did) (did not) view the body after death.  DEGREE  ATTENDING  MEDICAL STAFF PHYSICIAN  MEDICAL STAFF PHYSI	NOIL	TION	gove rise to immediate couse Io), stoling the underlying couse lost.  PART 2 OTHER SIGNIFICANT	DUE TO, OI	PARLUM E R AS A CONSEQUENCE ONTRIBUTING TO DEATH	OF  BUT NOT RELATED TO THE TER			
OR CONTRIBUTING CAUSE OF DEATH  (#EITHER NOTIFY MEDICAL EXAMINER)  P.M. 19  214 INJURY OCCURRED  WHILE AT WORK  NOT WHILE AT WORK  226 I certify that (I) (this hospital) ottended the deceased from Sow the deceased alive on Obove, (I) (we) (did) (did not) view the body after death.  DEGREE  ATTENDING  MEDICAL STAFF PHYSICIAN  MEDICAL STAFF PHYSI	TIFICA	TIFICA	19a DATE OF OPERATION	196 COND	ITION FOR WHICH OPER	ATION WAS PERFORMED		IN CERTIFYING CAUSES	
22a Learlify that (I) (this hospital) attended the deceased from			OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.	M. MONTH DAY	/EAR	RRED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART 1 OR PART 2)	
sow the deceosed olive on 11-2 & 19 & 7, and that in (my) (our) opinion death accurred on the date and hour and from the couse obove. (1) (we) (did) (did not) view the body after death.  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 11/28	MEDI	MEDI	WHILE NOT WHILE			IC ) STREET	CHY OR TO		STA
Relut T Peterson mp ATTENDING MEDICAL STAFF PHYSICIAN MID DIRECTOR PHYSICIAN 11/28			sow the deceased alive or		28 -19 87		n death occurred on the do	ote and hour and from the	that    (we couses state
226 PHYSICIAN'S NAME (TYPE OR PRINT) 220 ADDRESS	,		Roberts	TRE	turn	MID ATTENDING PHYSICIAN	MEDICAL STAF	FF _ /1/3	SIGNED 8
27d PHYSICIAN'S NAME (IVE ORPRINT) Robert T Peterson 25 show St. Annopolis			Robert	T		7 25 5		Annopol	les N
236 BURIAL, CREMATION, REMOVAL 1236 DATE 12-1-1987 Westview Crematory Westview Balt. Co.	23a.	3a. B	BURIAL, CREMATION, REMOVAL SPECIFY) Cremation				CITY OR TOWN	Balt. Co.	Md.

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the

retained by the hospital or attending physician

BP.

KUBEKI S. DARRAMMY NAME 21146

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DHMH - 16 60M 7/B4

(VRA 15, 4)

- STATE

POLITGIGENE 230 BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OF TOWN /14/87 Arlington National Arlington Arlington Va. Burial 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Julia Desider . Kindall Hardesty Funeral Home, Annapolis, Md.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201		Z	0

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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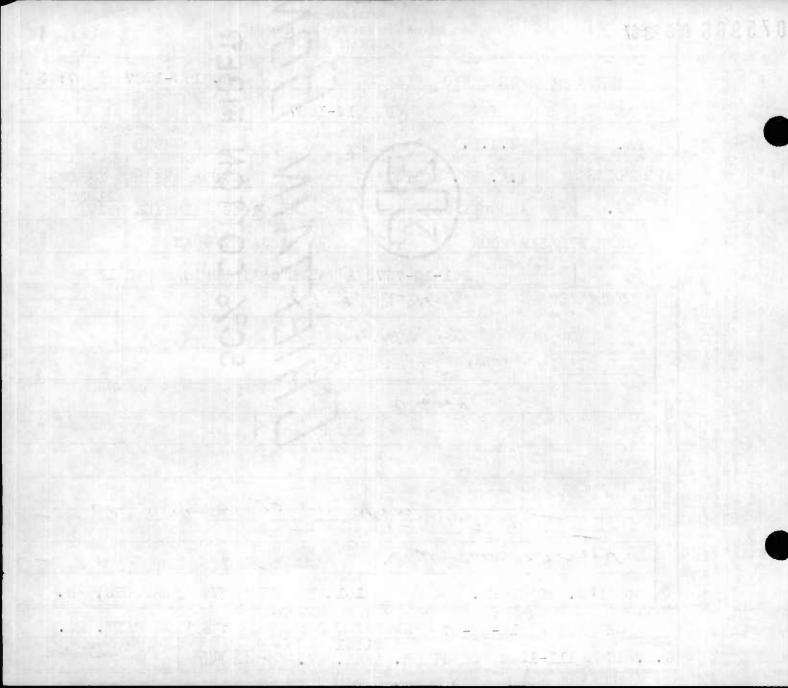
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0/5	966 D	G 2	3.17	DEPARTM	IENT OF HEALTH AND MENTAL HYG	HENE MAY	3 3	8 0	
File			REGISTRAR		CERTIFICATE OF DEATH	8 REG. NO.	0 0	., 0	•
			CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MO	INTH DAY Y	EAR 2b HC	OUR A
o o	poge 3	(TIPE		BEULAN RICHARD	S NOBER	DEC. 19 -	1987	7:	85 A
may	od o	3. SE		4. RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHD)			ER 24 HRS
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eoth	nerol .	,	PA	U.S.A.	MARRIED NEVER MARRIED WIDOWED NOVORCED	ANNE ARUN	DEL		MD.
o o	1	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION		IND OF BUSIN	
4 5	CC 25	AN	NAPOLIS	A.A.GEN. HOS	PITAL	WEAVER RE	TIRID	LABOR	ER
24 hour	filled in		AL RESIDENCE (IF NURSING HOME OF TATE 13b. COUNTY)	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NITY 136 CITY OR TOWN	134 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZI	P CODE 2	1037 IVE	2
the second		14 FA	THER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA				
3	No.		JOSEPH WILLI		ANNÄ MARC	GARET GRAY		LAST	
							75N		
9	s. Poges		NO	201-,12-	-7576 A MABEL CI	HATBURN SAM			
certificote	physicic on poper emovol.		18 CAUSE OF DEATH Enter or PART I. DEATH WAS CAUSE IMMEDIA	nly one couse per line to logical and the ED BY. TE CAUSE (o)	T foi luke	E-1/9	BET	PPROXIMATE INT WEEN ONSET AP	TERVAL ND DEATH
deoth ce	emove corb motion, or r troumotic		Conditions, if ony, which	DUE TO OR ASAL ONSPONE	NEW SON				
thot the o	se rei crem		gove rise to immediate couse (a), stating the underlying couse last.	DUE TO MAN LEWY THE	gce gre CEROBIS				
equires	n signed to Then plea re buriol, injury, or o	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 119						
wo low	hos been permit.	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		Ob. IF YES, WERE F N CERTIFYING CA YES []		ATH?
CIAN, TI	ng physicior certificate h urial-transit kentol Hygier tterr		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	AIII	Y YEAR	RED (ENTER NATURE OF INJURY IN	ITEM IS PART I OR PA	RT 2)	
ATTENDING PHYSICIAN:	the bu	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FA	211 LOCATION	CITY OF TOWN	COUN	ity	STATE
A ATTENDIA	of He		22a. I certify that (I) (this hospi	13/ I'm deceased I'm	nod that in (my) loor) opinion in	deoth occurred on the dote	ond hour and from		(we) lost
O S S	10 00 H		72b. SIGNATURE	7	DEGREE  ATTENDING PHYSICIAN F	MEDICAL STAFF DIRECTOR   PHYSICIAN	1	DATE SIGNE	127
O HOSPITA	M ON A		DONAL C . RO	ANT ID.	1616 FORES	r drive Ann	APOLIS	, MD.	
75	F 5 3 3 7	23a B	URIAL, CREMATION, REMOVAL	23b. DATE 23c. N	AME OF CEMETERY OR CREMATORY	23d LOCATION	75		

DHMH - 16 60M 7/84 (VRA 15, 4)

CREMATION 12-22-87 24 FUNERAL DIRECTOR

250 DATE REC'D. BY REGISTRAR 736. REGISTRAR'S SIGNATURE DEC 22 1987 111-1922 FOREST .. DR.



DHMH - 16 50M 1/81

(VRA 15, 4)

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH R TREGISTRAR DECEASED NAME MIDDLE 28. DATE OF DEATH 26 HOUR (TYPE OR PRINT) AURELIA DECEMBER 027 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IE LINDER 24 MR 70 BALTIMORE CITY OR COUNTY OF DEATH ANNE ARUNDEI COLINTY 12a, USUAL OCCUPATION 126 KIND OF BUSINESS OR Clerk Md State DMV 365 Phirne Road 21061 MIDDLE Stewart ADDRESS Same as 13e APPROXIMATE INTERVAL FAILT 2. OTHER HIGHIF ICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20g AUTOPSY 206, IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) COUNTY CITY OF TOWN STATE and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 22c DATE SIGNED MEDICAL STAFF DIRECTOR PHYSICIAN HOSPITAL DRIVE SUITE MARYLAND 2106 238 LOCATION INVESTIGATE. Glen Haven Mem Park Gl'en' Burnie SME Burrial 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE George J. Gonce 4001 Ritchie Hgwy Balto Md

STATE OF MARYLAND

Figures on the second boundaries of the second

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executed within 24 hours after death. Page 4 may be

the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that retained by the hospital or attending physician.

BP.

DHMH - 16 50M 1/B1 (VRA 15, 4)

DEC 31

er must be notified bronce

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbanpopers. Pages, I and 2 should be filled within 72 hours ofter death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other troumatic event, the medical examples of the medical exa

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIFICATE OF DEATH

REC	. NO.	4	2	E
-13		-	54	1.1

8	71'-	FOR STATE REGISTRAR			EALTH AND MENTAL HYG	8 7 REG. NO. 3	3 8	Q <sub>EST</sub> 3		
		DECEASED NAME FIRST MIDDLE  (TYPE OR PRINT) MARGERY KATHLEEN OMOHUT			DRO	DECEMBER 29	DAY YEAR . 1987 ()	26 HOUR		
-1	3. SE)	X	4. RACE 5		OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.		
	Fe	emale	White	ovem	ber 28, 1918	69 YR		HOURS MIN.		
1		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	AA A DOIL	D NEVER MARRIED	9. BALTIMORE CITY OR COU	NTY OF DEATH			
0		rbados		VIDOWE						
1	-	CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OF (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  NORTH ARUNDEL HOSPITA				120 USUAL OCCUPATION 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HOMEMAKET OWN HOME				
5		UAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 1. STATE 1136. COUNTY 130. CITY OR TOWN 1. Anne Arundel Pasadena			134 INSIDE CITY LIMITS? YES NO X	13. STREET ADDRESS 2919 West Almo				
E	IL FA	FATHER'S NAME FIRST Unknown  IS. MOTHER'S A FI				Unknown Middle LAST				
Ī		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166. SOCIAL SECURIT	Y NO.	17. INFORMANT (Daug	hter) ADDRESS				
	,	VES, NO OR UNKNOWN) (IF YES, GIV		28	Mary A. Wolf	Mary A. Wolfe Same as #13				
			ly one couse per ly e for (o), (b), and ( D BY: E CAUSE (o)	2.1	ARRES 5		BETWEEN	MATE INTERVAL ONSET AND DEATH		
7	NC	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF CHROWIC DISTRUCTIVE PLLYMONARY DI								
	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED		N WAS PERFORMED	200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAT YES NO YES NO				
)		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DAY	YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)			
	MEDICAL	216. PLACE OF INJURY WHILE NOT WHILE AT WORK  216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)		M, ETC ]	211. LOCATION STREET	CITY OR TOWN	COUNTY	STATE		
		sow the deceased alive on	tol) ottended the deceosed from	7.0	nd that in (my) (our) opinion	death occurred on the date and	hour and from the	that (I) (we) lost couses stated		
	276. SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF  12. 29							19.87		
		224. PHYSICIAN'S NAME (1YPE O	CYRIAC M D		GI EN BURNI	ELLHAM AVE. SUI				
		BURIAL, CREMATION, REMOVAL		ME OF C	EMETERY OR CREMATORY	234 LOCATION		,		
	Bu	(SPEC#Y) Irial	Dec.31,1987 Gler	n Hav	ven Mem. Pk.	Glen Burnie	A A Ma			
	_	UNERAL DIRECTOR HA	Musson DORES	-	25a DA	TE RECID. BY RECIENAR 24 PE		URE		
	Si	ngleton Funeral	Home, Glen Burni	ie, l	Md. Ut	10 2 1 BOI B		n 184-184		

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DHMH - 16 50M 1/81 (VRA 15, 4) 353

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JERON D. SKONGHERT M. D.

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541	5 DEC 18		STATE REGISTRAR		MED	ICAL EXA	MINER'S	ERTIFICA	TE OF D	EATH R	EGNAO.	3 8	U	5
			CEASED NAME	FIRST		WIDDIE		LAST		20. DATE KNOW	NN II MO	ONTH DAY	YEAR	26 HOUR
	RSS. S.S.	1117	E OR PRINT)	Cedr	ric	J.		People	s	OF EST		12-14-	-8,7	
	PEA ECTC FILL HOU STREE	3 SEX	4 R/	ACE	5 DATE OF BIRTH		(IN YEARS IF UN		UNDER 24 HR	RS 2c. DATE PRONOUNCED	MÓI	NTH DAY	YEAR	24 HOU
	ON STATE	MA		LACK	9 5	68 1	9 YRS.	DATS H	OURS MIN.	DEAD	12-1		19 87	3:09
	NECESSARY, PEASE FUNERAL DIRECTOR. E 5 FOR YOUR FILES. WITHIN 72 HOURS WESSYON STREET.		RTHPLACE (STATE O	R	76 CITIZEN OF WHA	AT COUNTRY?	8 MARR	IED NEVER	R MARRIED	9 BALTIMORE	CITY OR CO	DUNTY OF	DEATH	
	AN STATE OF	10.51	OHIO		USA		WIDOV		DIVORCED [	Anne A			4	M
	T Comment	F	t. Meade		IL NAME OF HOSP (IF NOT IN SUCH FACE Kimborous	h Army	Hospita	3		USUAL OCCUPATIO FOR MOST OF WORKING LI		PA	IND OF BU OR INDUSTR ARTIM	I E
21201	100 mg	130 S	TATE	113b COUNT	ARUNDEL	13c. CITY OR TO		13d INSIDE CITY L	LIMITS?   13e 5	STREET ADDRESS 3 5 7 QUEB	EC S	SEVE TREET		MD 144
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TIMORE	BAOMA /		VAS DECEASED EV	ER IN U.S. ARM		166. SOCIAL SE		17 INFORMAN			DRESS			
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×.	UTED WITHIN EXAMINER RIAL - TRANS ID MENTAL H		gave rise to cause (a) stati	ng the under-	DUE TO, OR A	S A CONSEQUE	NCE OF							
201	ON SEXA		lying cause la	<u>s†.</u>	(c)									
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200	MEDICAL MEDICAL MEDICAL AS A BU EALTH AN	CERTIFICATION						MER						
AL R	SED SED	ICAI	196 DATE OF OPE	RATION	196 CONDITIO	ON FOR WHICH	OPERATION W	'AS PERFORME	D?			20	AUTOPSY?	,
DIVISION OF VITAL	MANER: THIS CERTIFICATE SHOULD B TIFICATE, WRITING THE WORD "PEN BE FORWARDED TO THE CHIEF ME ECTOR: PAGE 3 SHOULD BE USED AS TN THE STATE DEPARTMENT OF HEAL VLAND, 21201 PRIOR TO BURIAL, CR	RTI	21g. EXTERNAL CA	TISEWAS	21b TIME OF I	NUIDV	121. 17	DAY BUILDY OF	S CHARGE THE	TER NATURE OF INJURY IN			YES 🔀	NO 🗌
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DIV	ARITING SCE 3 CE	ME	WHILE AT WORK	T WHILE	STREET, FACTO	RY, FARM, ETC.)		ate 175	& Mac	Arthur Ro	ad.Ft	. Meac	de. A	nne
	PANA STA		\$10 and \$10 an	/\/	Maria - Charles	Δ		[V]				I Cour		
	A SO SHA		22s. I certify the death resulted for	I Vinta	of the remarks descr	apideet X	Suicide Suicide	. Homicide	rspection L	determined manner	and in n	пу оріпіоп		
	AN A			171	111 6	0	Solcide E	TITLE (SPEC		determined mainter				
	ALECTE WALE		SIGNATURE	Mik	1,10	-		Assis	tant	NEDICAL EXAMINER	DS	ATE 12	2-15-	87
	EDIC A SI DEA NOR		EXAMINER'S NAM	\E	/					300				
	TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE. PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PATER DEATH WITH EST. BALTIMORE, MARKLAND: 2	02.5	(TYPE OR PRINT)	(	Charles P.					Street, B	altım	ore,MI	) 212	01
			URIAL, CREMATION		b. DATE		F CEMETERY C			LOCATION CITY OR TOWN		COUNTY		ATE
07/84 25M	BP	24. FU	URIAL INERAL DIRECTOR		2/18/87		W RIDO	250.		LAUREL BY REGISTRAR 25h	REGISTRA	R'S SIGNA	TURE	U
	DHMH - 17 (VR A15 ME (5))	WM	. C. MA	RCH F/	H 1101 I	E. NORT	H AVE	TUE DI	EC 17	1097 Jun	a would	Januar Par	ndelli	473

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH C TEGISTRAR DECEASED NAME 20. DATE KNOWN X MONTH 26 HOUR LITYPE OR PRINTI ESTI-JANICE P. PHIPPS DEATH MATED 21987 3 SEX 4. RACE 5 DATE OF BIRTH 6 AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS. 2c DATE 2d HOUR 30 YRS PRONOUNCED DEAD 6P M 12 1987 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Anne Arundel County 12a USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION HE NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 14 Jefferson Place Annapolis ISUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13d. INSIDE GITY LIMITS? 045 ADDRESS CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DE ATH PART I DEATH WAS CAUSED BY Seizure disorder IMMEDIATE CAUSE (a)\_\_\_ ED AS A BURIAL - TRANSIT PER HEALTH AND MENTAL HYGIEN II, CREMATION, OR REMOVAI DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IG. CERTIFICATION R. THE WITING THE WORLD THE WARTING THE CHIEF MY R. PAGE 3 SHOULD BE USED A RESTATE DEPARTMENT OF HEA 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK TO FUNERAL DIRECTOR:
AFTER DEATH, WITH THE SALTIMORE, MARYLAND, 22s. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinion Natural causes X Hamicide \_\_\_ death resulted fram: Accident Undetermined manner 010 TITLE (SPECIFY) ACTUAL 12 - 13 - 87Deputy DATE SIGNATURE EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St., Balto., MD 21201 TYPE OR PRINT) 23 BURIAL CREMATION REMOVAL BP 07 84 25M 25c. DATE REC'D. 256 REGISTRAR'S **DHMH - 17** (VR A15 ME (5))

. . . Man Visit 25 18 30 A personal and a second of the HARLSON IT THE MAY SELECT TO BE BLOCK TO SELECT THE SEL transfer Tale 37 Marcant The Constitution of the plant of the

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be retained by the hospital or ottending physician.

ecto. page 3 2 9 2 0

## STATE OF MARYLAND

		CERTIFI	CATE OF DEATH	B REG. NO.	0 0	3 0
DIDERST EIRST	MIDDLE	LA	AST	20. DATE OF DEATH MON	ITH DAY YEAR	2b. HOU
WILLIA	M E.	PI	TTS JR.	1	2 24 8	7 12:
3. SEX	4 RACE	S. DATE OF	F BIRTH	6. AGE (IN YEARS LAST BIRTHDA	MONTHS DA	
MALE	CAUCASIAN	NONTH O1		59	YRS	HOURS
7a BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	9 8 MARRIED	XNEVER MARRIED	9 BALTIMORE CITY OR CO		
MARYLAND	U.S.A.	WIDOWED	D DIVORCED	ANNE ARUND	EL COUN	TY
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS IT	. nantcc)		12a USUAL OCCUPATION		D OF BUSINE
	1440 GORDON D		21061	TECHNICIAN		LIC S
130 STATE 13b COUN	VIY I3t. CITY OR TOV	RE ADMISSION)	136 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIE		
and the same of th	.A. GLEN BU		YES NOX	1440 Gordo	n Drive	2106
14 FATHER'S NAME	MIDDIE LAST	L Maria	15 MOTHER'S MAIDEN NA	AME		LAST
WILLIAM	E. PITT		MABEL	Α.		RMAN
YES YES WAS DECEASED EVER IN U.S. AR	IE MAR OR DATES			Burnie Mar		2106
/ IES WW	11 214 22	2281	Dorothy E.	Pitts 1440		OTIV
gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQU		site	an amount in p	1 mars	g juvnit
cause ia, stoting the underlying cause last	DUE TO, OR AS A CONSEQUICE TO CONDITIONS CONTRIBUTING TO		NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITIO	ON GIVEN IN PART	Ment)
cause ia, stoting the underlying cause last	103	DEATH BUT N		200 AUTOPSY? [20]	b IF YES, WERE FIN	IDINGS USED
cause ia, stoting the underlying cause last	CONDITIONS CONTRIBUTING TO	DEATH BUT N	N WAS PERFORMED	200 AUTOPSY?   200 IN	B IF YES, WERE FIN CERTIFYING CAUS YES [	IDINGS USED SES OF DEAT NO
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PART 2 OTHER SIGNIFICANT OF THE PROPERTY OF TH	196 CONDITION FOR WHICH	DEATH BUT N	N WAS PERFORMED	200 AUTOPSY?   200 IN	B IF YES, WERE FIN CERTIFYING CAUS YES [	IDINGS USED SES OF DEAT NO
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PART 2 OTHER SIGNIFICANT OF THE	21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e PLACE OF INJURY IAT HOME. STREET, FACTORY, OFFICE	DEATH BUT N H OPERATION DAY YEAR 19 FARM. ETC.)	216 HOW INJURY OCCUP	200 AUTOPSY? 200 IN YES NO CONTROL NO CONTRO	b IF YES, WERE FIN CERTIFYING CAU! YES  ITEM 18 PART I OR PART COUNTY	IDINGS USED SES OF DEAT NO [2]
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PART 2 OTHER SIGNIFICANT OF THE	21b. TIME OF INJURY HOUR A.M. MONTH D P.M.  21e PLACE OF INJURY IATHOME STREET, FACTORY, OFFICE  and by ottended the deceased from the control of the contro	DEATH BUT N H OPERATION DAY YEAR 19 FARM. ETC.)	211 LOCATION STREET  211 LOCATION STREET  d that in (my) (aur) apinion DEGREE  ATTENDING PHYSICIAN	TOO AUTOPSY? 20 IN  YES NO NO NO  RRED (ENTER NATURE OF INJURY IN  CITY OF TOWN  10 (Caster & 4)  10 death accurred an the date of	b IF YES, WERE FIN CERTIFYING CAU: YES   ITEM IS PART LOR PART  COUNTY  19 22: DA	IDINGS USEE SES OF DEAT NO [7]  s  that (1) (v)
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DHMH - 16 60M 7/84 (VRA 15, 4)

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DEPARTMENT OF HEALTH AND MENTAL HYGIENI

8	7 REG. NO	3	3	8	0	8
DATE	SEDEATH A	HTMON	DAY	VEAR	25 LI/	SLID

REGISTRAR				CERTIF	ICATE OF DEATH		8 REG. NO	0. 0	3	0	0 5	2
1. DECEASED NAME	1,501	4	MIDDLF	i.	AST		20. DATE OF DEATH	MONTH	DAY	YEAR	26 HOUR	200
	ORIS	R	OBERT	POI	ITICA . : -			12	09	87	181	Th
3. SEX		4 RACE		5. DATE C			AGE (IN YEARS LAST BIR	THDAY		DERIYEAR	IF UNDER 2	4 HRS
male		Whi	ite	69	25 79	13	74	YRS	MONTH!	S DAYS	HOURS	MIN.
To. BIRTHPLACE (STATE OF	FOREIGN	Th CITIZEN OF	WHAT COUNTRY	(? 8	NEVER MARRIED	. 9	BALTIMORE CITY O	R COUN	TY OF D	EATH		
N V	45	US	,	WIDOWE		_	AA			M		
10 CITY OR TOWN OF DE	ATH				OR OTHER INSTITUTION		120 USUAL OCCUPATI				F BUSINES	
Crofton		COAA	the facility, give streight	ET ACORESS)			(TYPE OF WORK FOR MOST OF Engineer	- WORKING	-	eror	nauti	ca1
UNAL RESIDENCE (IF NUR			GIVE RESIDENCE BEFO							<u> </u>	14461	<u> </u>
Md.	A. A		136 CITY OR TO		13d INSIDE CITY LIMIT		843 Deerv	-		21	1401	
14. FATHER'S NAME	1 H . I	ar unde.	LAIIIIapc	TIS	15. MOTHER'S MAIDEN	-		700 <u>u</u>		. 41	1401	
Boris	-	bert	Poli	tica	Sophie		WIDDIE		Sr	rin	der	
160. WAS DECEASED EVER			16b. SOCIAL SEC		17. INFORMANT	-	ADDRE	SS	- 05	1 111	901	
(YES, NO OR UNKNOWN)		WAR OR DATES)	554019			C	Politica	car	no =	c #	13	
No			534019.	193	DOLOCHY	G.	POIILICA	Sai	ile a			(4)
18. CAUSE OF DEAT PART I. DEATH V			line for (o), (b), o	and Ig.1	1. 1 7.		" n es es		-	BETWEEN	MATE INTERV	EATH
	IMMEDIATI	E CAUSE (o)	CH	d 10	ech 7 /6	200		-	-			
		DUE TO, O	R AS A CONSEQ	UENCE OF								
Conditions, if ony gove rise to im		(b)										
couse (o), stoti	ng the	DUE TO, OI	R AS A CONSEQ	UENCE OF								
underlying cous	e lost.	( (c)	4 9 3									
	NIFICANTO	ONDITIONS CO	ONTRIBUTING	DEATH BUT	NOT RELATED TO THE	TERMIN	AL DISEASE OR CON	DITION	SIVEN IN	PART 10	0	
190 DATE OF OPERA												
S 190 DATE OF OPERA	TION	196 CONDI	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED		20a AUTOPSY?				OF DEATH	
RIF							YES NO		YES 🗌		NO 🗌	
		21b. TIME O	M. MONTH	DAY YEAR	21c. HOW INJURY OC	CURRE	D (ENTER NATURE OF INJUI	RY IN ITEM I	8 PART I O	R PART 2)		
OR CONTRIBUTING		161		19	Marine.							
OR CONTRIBUTING U	RED	21e. PLACE	OF INJURY		21f LOCATION STREET		CITY OR TO	WN	C	OUNTY	SI	ATE
MHILE NOT W	HILE D	(AT HOME, SIN	REET, FACTORY, OFFICE	FARM, EIC J	JINEE	ed	/			-		
220.1 certify that	his hospit	ol) ottegded th	edeceased from	12		00	_, to		, 19 0	5 (	that (li )	e) lost
sow the decea above, (1)///11			7 19.	87.01	nd that in (my) (our) opi	nion de	oth occurred on the de	ate and h	novi and	from the	couses stot	ed
22b. SIGNATURE	did Hard Hot	y view the blody	offer death.		DEGREE				T	22. DATE	SIGNED	1
1/Re	m				ATTENDIN PHYSICIA		MEDICAL STAI			12	/	187
22d PHYSICIAN'S N	AME TYPE OR	PRINT)	1	, .	220 ADDDESS	-	A A	IAIT L		1	1	
Ch. Paul	Berez	and J	TackLite	henste!	207 RA	00 1	he are 1	ma	1001	ris	10'21	401
23a BURIAL, CREMATION		23b. DATE			EMETERY OR CREMATO	No.	223d LOCATION	,,,,,,	1			
(SPECIFY)	REMIDIAL	12/12			Comet		CITY OF TOWN		7 7	NTY	M.A. STA	ATE

retained by the haspital

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DHMH - 16 60M 7/84 (VRA 15, 4)

Burial 24 FUNERAL DIRECTOR

Hillcrest Cemetery Annapolis

Hardesty Funeral Home, Annapolis, Md.

075055

C	15	FOR STATE PREGISTRAR		DEPARTM	ENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 7REG. NO	3 3	8	0	9
		CEASED NAME OR PRINT)	VELY	N CAROLYN	Pot	AST	2a DATE OF DEATH	II- Z8-	YEAR - 87	2b HOU	P M
	3. SE			RACE Caucasian	5. DATE C	of Birth y 12 <sup>Ay</sup> 1907	6. AGE [IN YEARS LAST BIRTHDAY]		DER I YEAR	# UNDER	MIN.
1	7a BI	RIHPLACE ISTATE OR FO	Mary	CITIZEN OF WHAT COUNTRY?	MARRIEI WIDOWE	DEVERMARRIED DEVER	Anne A	RCOUNTY OFF			MD.
C	لحد	TY OR TOWN OF DEAT		Pleasant Livina	HOSPITAL, NURSING HOME OR OTHER INSTITUTION  UCHFACILITY, GIVE STREET ADDRESS!  ANT GIVEN CONV. CONKR  120. USUAL OCCUPATION  (TYPED FWORK OR MOST OF WORKING)						ESS OR
5	130. S Mai	ryland An	POWE OF OL	undel 13 CITY OR TOWN		13d INSIDE CITY LIMITS? YES NO 🔀	130 STREET ADDRESS	5XP C2025 R	21	165	58
7		THER'S NAME LOUIS	Will"i	am Fuhrer	15. MOTHER'S MAIDEN NAME Ann'I's Maldeis						
2		VAS DECEASED EVER IN (ES, NO ORUNKNOWN)	U.S. ARME			17. INFORMANT Edwin Pot	t Sâme as	13e			
		Conditions, if any, gove rise to imme couse (a), stating underlying couse	which	0 0 0 K		5713					
7	CERTIFICATION	PART 2. OTHER SIGNI		NDITIONS CONTRIBUTING TO DI			200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING	RE FINDIN	IGS USEI	TH?
1		21a. ACCIDENT WAS UNDER	USE OF DEATH	216 TIME OF INJURY HOUR A.M. MONTH DA' P.M.	Y YEAR	21¢ HOW INJURY OCCURR			OR PART 2]		
	MEDICAL	21d INJURY OCCURRE  WHILE DOT WHILL AT WORK ALWORK		21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FA	RM, ETC )	211 LOCATION STREET	CITY OR TO	WN	COUNTY	2	STATE
		spw the deceased above, (I) (we) (did	plive an	) attended the deceased from	, Dri	d that in (my) (pur) apinion o	, to death occurred on the do	te and hour and		couses sto	
,		27b. SIGNATURE	K	man		ATTENDING PHYSICIAN	MEDICAL STAF	F	ZZC. DATE	SIGNED	
1		Charles		Kinzer, M.D.		16 Murray	Ave. Annaj	polis,	Mary	ylar	ıd

DHMH - 16 60M 7/84

BP.

(VRA 15, 4)

24 FUNERAL DIRECTOR

Burial.

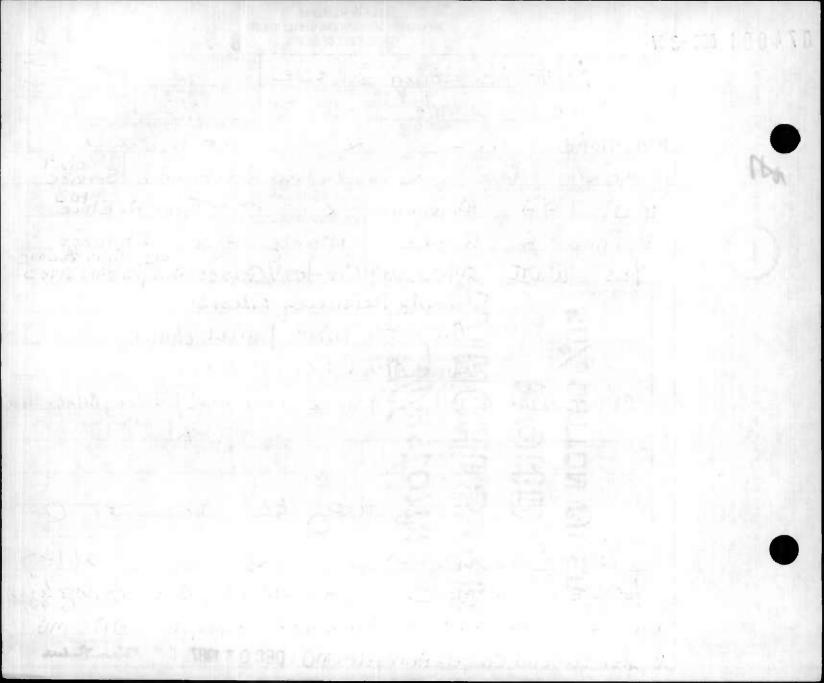
23a. BURIAL, CREMATION, REMOVAL 23b. DATE 12-2-87

236 NAME OF CEMETERY OR CREMATORY | 2336 LOCATION | Loudon Park Baltimore Maryland

256 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Evans Funeral Home

1071000 1600000 CALLANT TO ANALYSIS TO PARTY Administration of the temporal Property of

			- 1				STATE OF MARYLAND			
0 7 1	00	1 555	-	1-	FOR STATE	DEPAI	RTMENT OF HEALTH AND MENTAL HY	COLD 4 7	7 9 1	0
074	1 0 6	I DEC	-1		REGISTRAR		CERTIFICATE OF DEATH	8 / REG. NO.	3 3 1	U
			F		EASED NAME A FIRST /	MIDDLE	1AST	26. DATE OF DEATH MONTH	DAY YEAR 26 I	HOUR
	e o	₩ <del>+</del>	- 1	TYPE (	OR PRINT)	alla lei	un Quade.	17-1	-07 7	·27
	ý.	poge 3	-		100		1011 00000	100	4	INDER 24 HRS
	Ē	ofter, p		3. SEX	20 1	4. RACE	S. DATE OF BIRTH	6. AGE JIN YEARS LAST BIRTHDAY)	MONTHS DAYS HOL	
	800	urs a			Male	White	5-15-17	YRS.		
	9	2 hod	1	a. BIR	THPEACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTE	Y? MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNT	Y OF DEATH	
	eath	n 72	3	M	lanuland	USA	WIDOWED DIVORCED	LANNE ARUNT	EL C	MD.
	121	1 1 1 0 .	glang	10 CIT	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME OR OTHER INSTITUTION	12a. USUAL OCCUPATION	126. KIND OP BU	SINESS OR
= 4	90	de de	<	Hal	INAROLIS	ALANA A CLUTY, GIVE STE	- 1 11-15 AL 11000	HYPE OF WORK FOR MOST OF WORKING	Service	
MARYLAND 2120	27.70	de de se				OR OTHER INSTITUTION, GIVE RESIDENCE BE		Men Carpentar		
0 2	24 h	illed illed must	L	13a S1	TATE 136. COU	INTY IZ CITY OR TO		130. STREET ADDRESS	21403	
N N	in 2	y fil	1	- 1	UD 14	Hona Hona	POLLS YES NO	Mer	drenue	
Z .	1	omin		14. FA1	THER'S NAME FIRST	MODLE LAST,	15. MOTHER'S MAIDEN NA	MIDDLE	A LAST	
W	9			- 1	Vernon	H Quad	e Mary	Hanes à	rtallings	5
m,	1	lico i	-				CURITY NO. 17. INFORMANT	O ADDRESS 21	Tuler	Jenue
W W	C	Popel		( 16	ES NO OR UNKNOWN) (IF YES, GI	ME WAP OR DATES) D14-05	2239 Charles V	Quade-Anna	ot smo 2	1403
BALTIMORE,	-0	9 to 1		-	10 CAUCE OF BEATH (Falor o		and in Charles	Carrie Mila	APPROXIMATE BETWEEN ONSET	INTERVAL
00		g physicia sorpoper remavol.			PART I. DEATH WAS CAUSE	only one couse per line for (a), (b),	FI DIA PARIAMA	Car 1/1 0	BE) WEEN ONSET	AND DEATH
ST	erti				IMMEDIA	ATE CAUSE (0)	a reason .	200-14		
PRESTON ST	£	corbor				DUE TO, OR AS CONSE	DUENCE OF	wheat alini		
ES	death	otte			Conditions, if ony, which gove rise to immediate	(b) ung	Shur New ;	ounce Cinin		
	3he	by the ottending se remove corb , cremotion, or other troumotic	- 1		couse (a), stating the	DUE TO, ORASIA CON E	QUENCEIOF A DOLL	( i		
3	thot	d by leose iol, cr	- 1		underlying couse lost.	(c) Church	Arun Haull	12-111 m.		
, 201		e 0			PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	O DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION G	VEN IN PART TO	
RECORDS,	eduires	The The		CERTIFICATION	Chunic oss	Surlter Pouln	un Nisease Be	who reme fisher	er Belsi	Tourna
0	3	mit. prior	6	A	190. DATE OF OPERATION	196. CONDITION FOR WHI	CHOPERATION WAS PERFORMED	206 AUTOPSY? 206 IF Y	ES, WERE FINDINGS IFYING CAUSES OF D	USED
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OF VITAL	4: TI	ronsit per Hygiene p	11	8	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2]	
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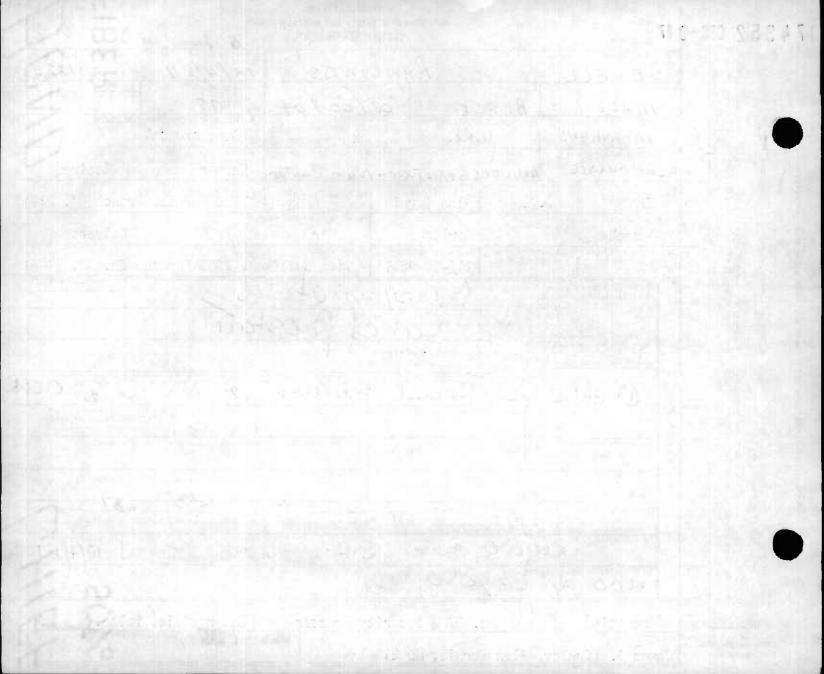
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then then then	14. F.	ATHER'S NAME		MIDDLE	1462		15 MOTHER'S MAIDEN NA	AME	DDLE		
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RE, Mu		WAS DECEASED E		RMED FORCES?	166 SOCIAL SE		17 INFORMANT		ADDRESS		
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DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR Beall Funeral Home 16000 Annapolis Rd. Bowie, Maryland 20715

Brooklyn, Kings, New York S20 DATE SECT & REGISTAR SEGISTION SECTION OF SECTION O

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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENI

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ı	3. SEX		4 RACE		5 DATE C		6 AGE (IN YEARS LAST BI		NDER I YEAR	IF UNDER 2	
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7		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIEI	D X NEVER MARRIED	9 BALTIMORE CITY	R COUNTY OF	DEATH		
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7		AS DECEASED EVER IN U.S		166 SOCIAL SECUR		17. INFORMANT	ADDR	ESS			
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		THE SIGNATURE	00	()	2	DEGREE ATTENDING	MEDICAL STA	FF	22c. DATE S	IGNED	
+		22d. PHYSICIAN'S NAME (	TYPE OR OBJAIL)	200	/	PHYSICIAN L	DIRECTOR   PHYSI		50	200	57
1		-	SCHIL	DER			UST, AN	NAPOU.	SMI	2/4	(21
	23e B	SPECIFY)	VAL 236 DATE	23c N	AME OF C	EMETERY OR CREMATORY	23d LOCATION	et.	YIMUC	SI	A1E
		Cremati	on 12-	7-87 We	stvi	ew Cremator	y Balt.		lt.	Md	•
	24 FU	INERAL DIRECTOR		ADDRESS		25e DAT	E REC'D. BY REGISTRAN	256 REGISTRAR	SSIGNATE	R	
		Hardesty E	Tuneral H	Home An	napo	lis Md. DE	C 1 1981				

Annapolis Md.

DHMH - 16 60M 7/B4 (VRA 15, 4)

10 HOSPITAL OF ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 retained by the hospital or attending physician.

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RYLAND ND MENTAL HYGIENE

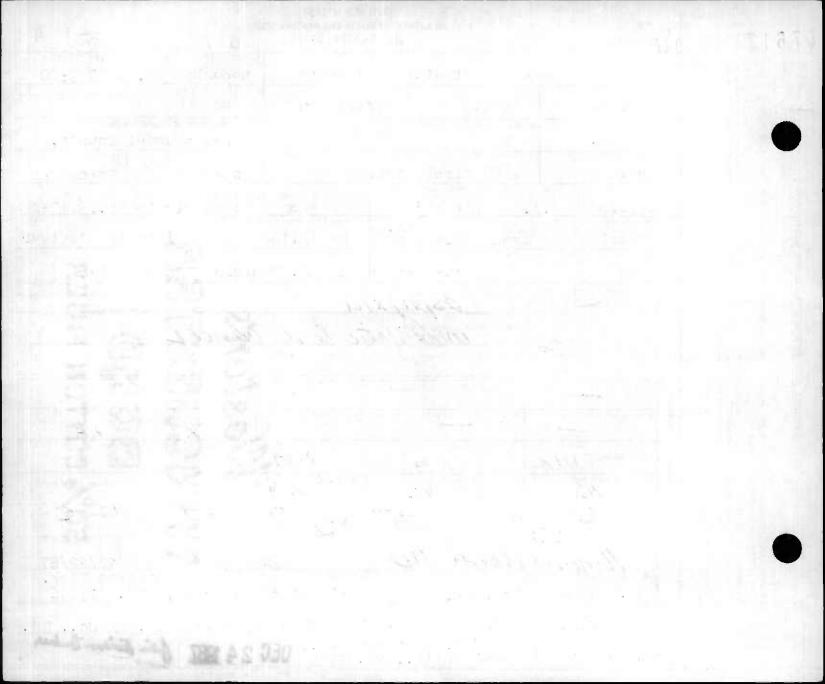
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red or	MEDICAL	21d INJURY OCCURR	ķ □	21e PLACE (AT HOME ST	OF INJURY	ARM ETC)	211 LOCATION STREET NA		CITY OR TOWN		COUNTY	STATE
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ote Cept.		226. SIGNATURE	nac	war	sh 1	10		MEDICAL DIRECTOR	STAFF	۷0		E SIGNED
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DHMH - 16 60M 7/8

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(VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR 1 - STATE REGISTRAR 1. DECEASED NAME 20. DATE KNOWN TYPE OR PRINTI Lillian OF ESTI-DEATH MATED 2 A AGE (IN YEARS | IF UNDER TYR. IF UNDER 24 HRS 2c DATE 2d HOUR LAST BIRTHDAY YEAR PRONOUNCED 0929 10 DEAD G YRS 7a BIRTHPLACE Th CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY 1136 COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME GIVE PAGES 1, 2 MIDDLE LAST 7 INFORMANT (YES, NO. OR UNKNOWN) LIF YES, GIVE WAR OR DATES! NO CAUSE OF DEATH (Enter only one cause per line for (a), (b) APPROXIMAJE INTERVAL CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR TING THE WORD" PENDING" IN PENCIL IN ITEM 18. DED TO THE CHIEF MEDICAL EXAMINER ALCNG WE SHOULD BE USED AS A BURAL-TRANSIT PERMIT. 35 HOULD BE USED AS A BURAL-TRANSIT PERMIT. 35 HOULD BE USED AS A BURAL-TRANSIT HYGIENE, DIPPOR TO BURALL HAND MENTAL HYGIENE, DIPPOR TO BURALL, CREMATION OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO. QR AS A CONSEQUENCE Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 of CERTIFICATION 190 DATE OF OPERATION 20 AUTOPSY? NO X 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M NER: THIS CERTI ICATE, WRITING FORWARDED T FOR: PAGE 3 SH THE STATE DEPA 21e PLACE OF INJURY 21d INJURY OCCURRED (AT HOME 21L LOCATION STREET, FACTORY, FARM, ETC.1 CITY OR TOWN COUNTY STATE WHILE AT WORK TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE STIP BAFIER DEATH, WITH THE STIP 220. I certify that I took charge of the remains described above, held on Inspection X Autapsy Inquiry and in my opinian Natural causes Homicide \_\_\_\_\_ death resulted fram: Accident Suicide Undetermined monner 11 TC1 MEDICAL EXAMINER (TYPE OR PRINT) 230 BURIAL CREMATION REMOVAL 23d LOCATION **DHMH - 17** (VR A15 ME (5))

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horm	hand	ms.	M	D. D.	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAF		11	2/22	SIGNED	
AME (TYPE OR PE	RINTI			22e ADDR							7.07	

224 PHYSICIAN'S NAME (TYPE OR PRINT) K. Dharmasena, M.D.

226 SIGNATURE

5507-E Ritchie Hwy-Balto., Md. 21225 23d LOCATION

23e BURIAL, CREMATION, REMOVAL Burial Dec.24,1987 23¢ NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery

Balto.

COUNTY STATE Md.

24 FUNERAL DIRECTOR DHMH - 16 60M 7/84

IFICATION

FOR - STATE

COUNTRY)

4. KATHER'S NAME

1 SEX

REGISTRAR DECEASED NAME LIVE OR PRINT

MARY

emale To. BIRTHPLACE ISTATE OR FOREIGN

USUAL RESIDENCE (IF NURSING HOME OR OTHER IN 130. STATE 136. COUNTY

18 CAUSE OF DEATH (Enter only one of PART I. DEATH WAS CAUSED BY

Conditions, if any, which gove rise to immediate couse (o), stoting the

underlying cause last PART 2 OTHER SIGNIFICANT CONDIT

190 DATE OF OPERATION

710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

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mD 10. CITY OR TOWN OF DEATH

GLEN BURNIE

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(YES, NO OR UNKNOWN)

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(VRA 15, 4)

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

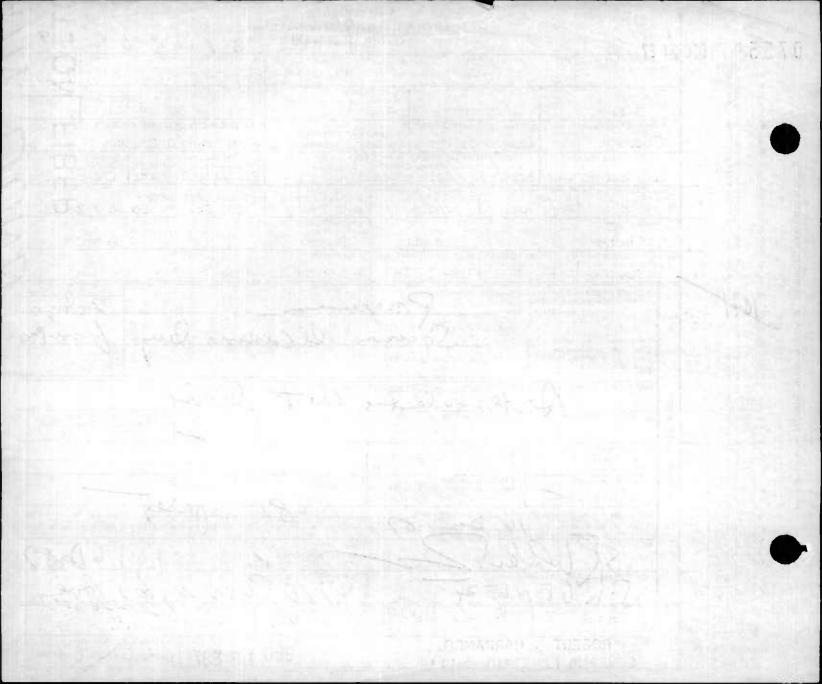
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	70 BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	TRY? 8.	NEVER MARRIED	9. BALTIMORE CITY OR COUNTY O	OF DEATH
	Kentucky	United States			Anne Arundel Cou	nty, MD.
1	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU		R OTHER INSTITUTION	126 USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LIFE)	126 KIND OF BUSINESS OR
1	Glen Burnie	North Arundel		al	Electrical Oprtr	
1	USUAL RESIDENCE (IF NURSING HOME OF			1 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE	
		Arundel Arno		YES NO XX	1152 Stiarna Co	urt / 21012
	14 FATHER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NA	ME MIDDLE	LAST
	Claude		cetts	Sureta	Most	Howard
1	160 WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL	SECURITY NO.	17. INFORMANT	ADDRESS	
1		V II 413-12	2-1295	Eva Ricketts	(Same as #13)	of Care Land
1	18 CAUSE OF DEATH (Enter or	nly one cause per line for (al) (b	e-malicul			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1	PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (o)	me	ump		2 days
1		DUE TO, OR AS A CONS	EQUENCE OF	00 -	0	1 0
1	Canditions, if ony, which	( (b)	grama	- well Ca	stora len	12 marches
1	gave rise to immediate cause (0), stating the	DUE TO, OR AS A CONS	EQUENCE OF		1	0
	underlying cause last.	( (c)			<u> </u>	
1		CONDITIONS CONTRIBUTING	JO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVE	N IN PART TIO
	190 DATE OF OPERATION	sterios	lex	e coary	To HATCHEY TON 15 YES	WERE FINDINGS USED
7	DATE OF OPERATION	T96 CONDITION FOR WI	HICH OPERATIO	N MA2 PERFORMED	IN CERTIFY	ING CAUSES OF DEATH?
1	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		171: HOW IN HIPY OCCUPE	YES YES YES	
	00.00.00.00.00.00	HOUR A.M. MONTH	DAY YEAR	THE HOW HAJOR I OCCUR	LED (ENTER NATURE OF INJURY IN HEM IS PAR	H   OWPARS 2)
	OR CONTRIBUTING CAUSE OF DE CHEETHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19	211 LOCATION		,
	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OF	FFICE, FARM, ETC )	STREET	CITY DK 10WH	COUNTY
		oital) attended the deceased fi	nm.	10 8	1. West.	• that (1) (we) last
	sow the deceased plive ar	11 Dec	42	nd that in (my) (aur) apinian	death accurred an the date and have	
	obove, (I) (we) talight (did no	at) view the bady after death	)	DEGREE	V	22c. DATE SIGNED
,	SKIL	1/21/		ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	14/20P)
4	224 PHYS CIAN'S NAME (TYPE	OR PRINT)	_	22e ADDRESS	O CORECTOR OF PRISICIANO	1110-001
	F.R.CE	ALEN	1 11 5	4710	JONNING YOU	V Your
	230 BURIAL, CREMATION, REMOVAL (SPECIFY) BUTIAL	23h. P2E-17-87	NAME OF C	EMETERY OR CREMATORY rans Cemetery	23d. LOCATION 2/	COUNTY STATE
	A STATE OF THE STATE OF			4	oromisville, A	.A., MD
	24 FUNERAL DIRE ROBERT	S. BARRANCO	RESS	250. DAT	E REC'D. BY REGISTRAR 256 REGISTR	
	SEVERNA PA	RK MD 2114	16	UEC	1 8 198/ Spiles &	Turdren Rondress

DHMH - 16 60M 7/84 (VRA 15, 4)

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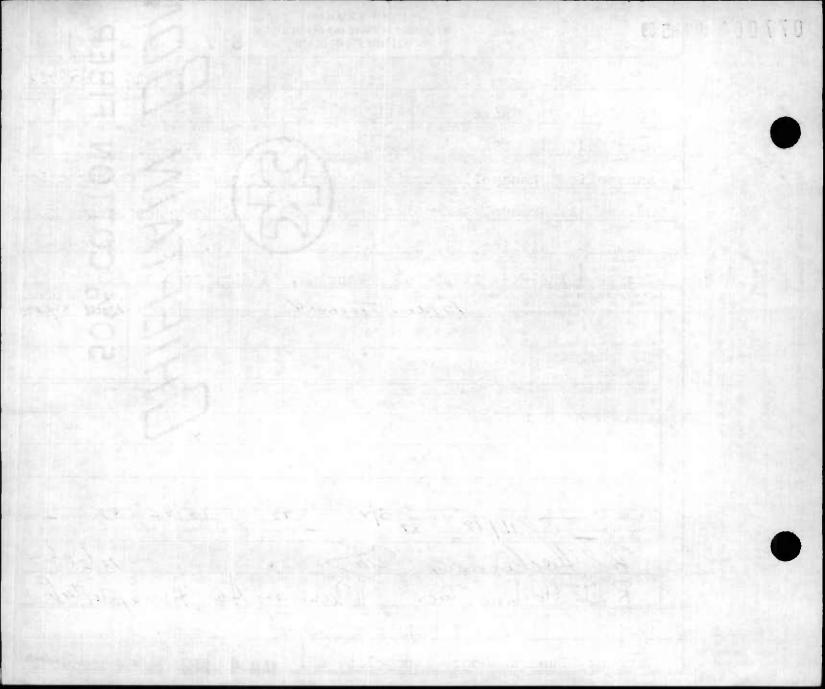
MPORTANT: If Item 21 is marked ar Item 18 shaws any injury, ar ather trauma



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIEN
CERTIFICATE OF DEATH

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REG. NO	100	63		3	

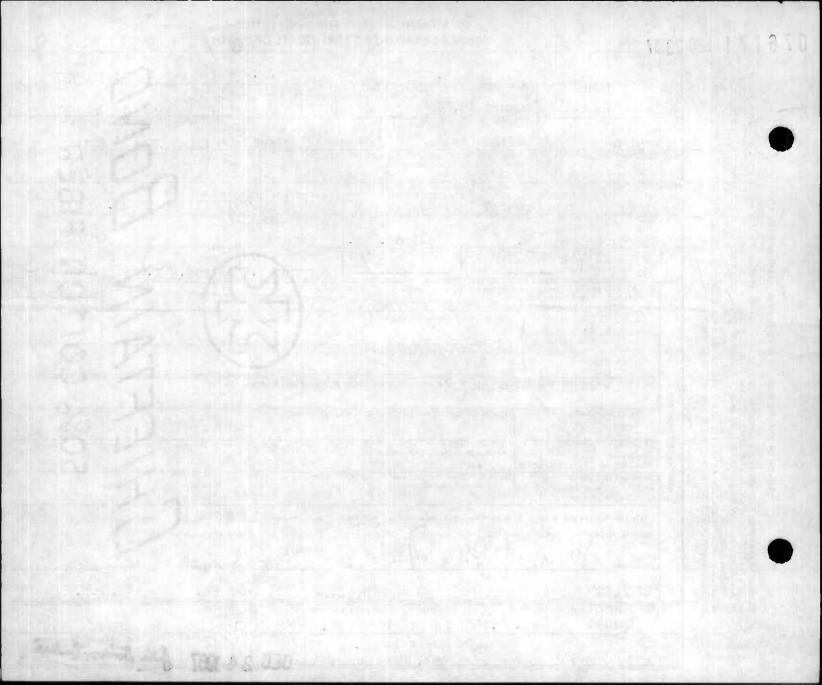
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		CEASED NAME FIRST		WIDDIE	Į.	AST		2a DATE OF DEAT		DAY YEAR	26 HOUR
be 3		DON	ALD	P.	R	IDDLE			12	26 87	2 -45 Am
a po	3. SE		4. RACE	THE WAY	5. DATE C		w/ 4 D	6 AGE (IN YEARS LAS	ST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
- B - D - D		Male	Whit	ie i	11	6	22	65	YRS		
2 2 2		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY	Y? 8 MARRIEI	NEVER M	ARRIED -	9 BALTIMORE CIT	Y OR COUNT	Y OF DEATH	
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18/2 23 63	10. C	TY OR TOWN OF DEATH		HOSPITAL, NURS		ROTHER INST	NOITUTI	17a USUAL OCCUI		126. KIND OF	F BUSINESS OR
10 10 10	2	Annapolis	Annapo	olis Nu	rsing	& Con	V.	Carpent	er	Constr	ruction
AND 21:	13a. S	Md. A.	NE OR OTHER INSTITUTION OUNTY  Arundel	13c. CITY OR TO	NWC		NO 🗌				ue 21401
RYL within	14 FA	THER'S NAME	MIDDLE	LAST			MAIDEN NAA	AE MIDD	I E	EAST	
W P A		Rufus	William			Ma	rie	Α.		Tayl	lor
ORE,		AS DECEASED EVER IN U.S	S. GIVE WAR OR DATES)	166 SOCIAL SE	CURITY NO.	17 INFORMAL	NĪ	AC	DRESS		
BALTIMOR		Yes 1	943-46	215186	087	Pearl	G. R.	iddle s	same a		MATE INTERVAL
requires that the death cert requires that the attending in the please remove cortest to burial, cremation, or retaining, or attending, or attending, or attending, or attending yinjury, or attending	ERTIFICATION	Conditions, if any, whice gave rise to immediate cause (a), stating the underlying cause lass	DUE TO, O  (c)  NI CONDITIONS CO	OR AS A CONSECUTE ON TRIBUTING TO	OUENCE OF		TO THE TERMI				
REC.	FICA	196 DATE OF OPERATION	196 COND	ITION FOR WHIC	CH OPERATIO	N WAS PERFOR	RMED	20e AUTOPSY?	IN CERTI	ES, WERE FINDING	OF DEATH?
DIVISION OF VITAL RECORDS,  NG PHYSICIAN. The law requir offending physician. Wher this certificate has been sign as the burial-transit permit. Then th and Mental Hygiene prior to b orked or Item 18 shows any injury	Ū	210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE C	F DEATH HOUR A.		DAY YEAR	21¢ HOW INJ	JURY OCCURR	YES NO		PART ( OR PART 2)	NO []
NO PHYS  Outending  frer this or  as the bur  h and Me  syrked or It	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY REET, FACTORY, OFFIC		211 LOCATIO STREET	N	C ITY C	OR TOWN	COUNTY	STATE
at OR ATTENDII the hospital or at DIRECTOR: A telasched for use inte Dept. of Heal if them 21 is ma		278.1 certify that (1) (the saw the deceased alivabave, (1) (was the ) (d 278. SIGNATURE	e on V	18 19	- 1	PEGREE	19 79 apinion d		STAFF		-
TO HOSPIT retained by TO FUNER, should be d with the Sto	23n F	27d. PHYSICIAN'S NAME (	Hochma	an Veet	> NAME OF C	The ADDRESS	ura	123d LOCATION	Auce	ejslei	Teef
BP	130	SPECIFY) Burial	12/29			nt Cem	/	CITY OR TOW	CONTIL	le A.A.	State
	24 FI	INERAL DIRECTOR					75a DATE	REC'D. BY REGIST			
DHMH - 16 60M 7/B4 (VRA 15, 4)		Hardesty F	uneral H	Home, A	nnapo	lis, M	id.	AN 4- 10	88 4		n. Landalla



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR 28 DATE KNOWN DEGEASED NAME OF AMC DEATH MATED 19 2d HOUR 6. AGE IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 3. SEX 4. RACE DATE OF BIRTH 20. DATE LAST BIRTHDAY) PRONOUNCED 1030 67YRS DEAD 20 9. BALTIMORE CITY OR COUNTY OF DEATH 70 BIRTHPLACE b. CITIZEN OF WHAT COUNTRY? NEVER MARRIED U.S.A. New Jersey Anne Arundel DIVORCED WIDOWED 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION ITYPE OF WORK 176 KIND OF BUSINESS ID. CITY OR TOWN OF DEATH Lawyer Working LIFE) Legal South River Terr. 134 INSIDE CITY LIMITS X 130 STREET ADDRESS 15. MOTHER'S MAIDEN NAME EIRST Matthews Ritger Otto Peter Mary 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) ( IF YES, GIVE WAR OR DATES) 153-16-1922 Antoinetta Ritger same as 13 A-E DICAL EXAMINER ALONG WITH A BURIAL TRANSIT PRAMIT PAR H AND MENTAL HYGIENE, DIVINION, OR REMOVAL. Yes CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART | DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last MNER; THIS CERTIFICATE SHOULD BE EXECU-IFICATE, WRITING THE WORD "PENDING" IN SE FORWARDED TO THE CHIEF MEDICAL B CTOR: PAGE 3 SHOULD BE USED AS A BURIL HTHE STATE DEPARTMENT OF HEALTH AND L'AND, 21201 PRIOR TO BYRIAI, CREMATION PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 3 NO Y 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M. 19 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE TO MEDICAL EXAMINER: THIS CE PRECUTE THE CERTIFICATE, WRITI PAGE A SHOULD BE FORWARDE TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BARTIMORE, MARYLAND, 21201 F WHILE WHILE AT WORK 220. I certify that I took charge of the remains described above, held an Inspection Natural causes Hamicide L Undetermined manner death resulted from: Accident Suicide EXAMINER'S NAME (TYPE OR PRINT) 23c. NAME OF CEMETERY 230 BURIAL, CREMATION, REMOVAL 23b. DATE Burial Prince George's Md. 12/30/87 St. Mary's Church Cem Clinton Lee Funeral Home, Inc. **DHMH - 17** (VR A15 ME (663B Old Alexander Ferry Rd Clinton, Md 20735

4 res. VI -10 18 3 Lt (4.9 VI Edward Swall Comments Carles Printer TENE OF BOOK IN LESS WE WIND TO THE WAR THE WAR TO SHEET But of second the 180 1 2 7 10 to the total

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH: 20 DATE KNOWN SE SECEASED NAME 7h HOUR (TYPE OR PRINT) OF ESTI-R. Jr. Rolland DEATH MATED 19 Lawrence 1987 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS 2d HOUR 2c. DATE DAY LAST BIRTHDAY PRONOUNCED August 29.87 White DEAD Male 1987 TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRYS United States DIVORCED Maryland WIDOWED [ Anne Arundel County IO. CITY OR TOWN OF DEATH I. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Glen Burnie North Arundel Hospital UAL RESIDENCE LIE IN N ME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13c. CITY OR TOWN 13a. STATE COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 21122 Elizabeth Rd. Mne Arundel aryl mo Pasadena YES 1 NO TA 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST MIDDLE FIRST Rolland, Sr. Golden Diana Lawrence 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (YES, NO, OR UNKNOWN) I LIF YES, GIVE WAR OR DATES (Same as 13a-e Lawrence R. Rolland. Sr. APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 1B. PACE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITHOUT MEAT DIRECTOR: PACE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. AFTER POETH WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DAY TIMORE, MARYLAND, 21201 PRIDE TO BURIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Sudden Infant Death Syndrome DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:01 CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [ 710 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21E LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 220 I certify that I took charge of the remains described above, held an Autopsy and in my opinion Natural causes X death resulted fram: Accident Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE 12/20/87 Assistant SIGNATURE EXAMINER'S NAME Mario F. Golle, Jr, M.D. ADDRESS Balto., MD. 111 Penn St. (TYPE OR PRINT) 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION REMOVAL 23b. DATE 236 LOCATION Meadowridge Mem. Park Burial Dec. 22.1987 Elkridge Howard BP 07/84 25M 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 3204 Mountain Rd. **DHMH - 17** (VR A15 ME (5)) Homes Pasadena, Maryland 2112



FOR STATE REGISTRAR								STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE  CERTIFICATE OF DEATH  8 7 REG. NO. 3 3 8 2 1									
7	5 8	S la	EDEC 2	23	17	DECEASED NAME ANNA  WE OR PRINT)  ANNA		MMN P		ROMBA	OMBACH OMBACH		DECEN	ec. 19,		7	26 HOUR
	4	4	rs ofter		Female			White			12 12 1	.895	6 AGE TINYEARS 92	EAST BIRTHDAY) YRS	MONTHS	DAYS	HOURS MIN.
	1	1 L	tonce.	77	_ 0	BIRTHPLACE (STATE OR FOREIGN COUNTRY)		7b. CITIZEN OF WHAT COUNTRY?  U.S.A.		Y? 8. MARRIE WIDOWI	D NEVER A	AARRIED T	9 BALTIMORE C	. Count		ATH	MI
201		rs offer de	ind the state of t	1	0 CII	GLEN BURNT	E	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET ADI			S HOME OR OTHER INSTITUTION DDRESS) HOSPITAL					WIND OF BUSINESS OR DUSTRY ER	
AND 21	24 %	in 24 hou		2	30. S	aryland	136 COUN		13c. CITY OR TO	WN	134. INSIDE C	NO [X		RESS Merican	a Cir	rcle	21061
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MORE,		oe execu	Pages,	1	WAS DECEASED EVER IN U.S.			IVE WAR OR DATES)				Marjorie L. Smith 734 Aldworth Rd., Dundalk, Md. 21222					
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	<b>\</b>	that the geoth certificate	toy the ottending properties of the components o			PART J. DEATH W  Conditions, if ony, gove rise to imm cause (a), statin underlying cause	which mediate g the	D BY: E CAUSE (o)  DUE TO, Of	RAS A CONSECUENCE OF AS A CONSECUENCE OF A CONSEC	OUENCE OF	og Cy	tary be	arre	et		BETWEEN O	nate interval Inset and Death
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N OF VIT	2	og physic	uriol-transit grantol Hygier tem 18 show		MEDICAL CER	210. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER, NOTIFY MEDI	AUSE OF DEA	HOUR A.	HOUR A.M. MONTH DAY YEAR P.M. 19				RED (ENTER NATURE	OF INJURY IN ITEM I	IS PART 1 OF	PART 24	
OISIAI	2	offend	Affer this e as the bu olth and M morked or		WED	214 INJURY OCCURE	ILE 🗍	21e PLACE OF INJURY			211. LOCATIO STREET	JN .	CITY OR TOWN			COUNTY STATE	
_	200	spitol or	for use of Health			220.1 certify that (1) (this hospital) attended the deceased from											
		by the ho	e detoched Stote Dept			224 PHYSICIAN'S N	Aus	40a	und	M			MEDICAL DIRECTOR	STAFF PHYSICIAN	11	Z DATE S	1987
	Ω		7 0 . 4		1	TTR LILLOW INDA 9 IA)	MAIT LILLE O	4 1 4 11 41 5			THE MODINES	-					

230 NAME OF CEMETERY OR CREMATORY

Union Cemetery

605 BALTIMORE ANNAPOLIS BLVD

DEC 22 1987

Hellertown

Northampton Cosale Penna.

DHMH - 16 50M 1/81 (VRA 15, 4)

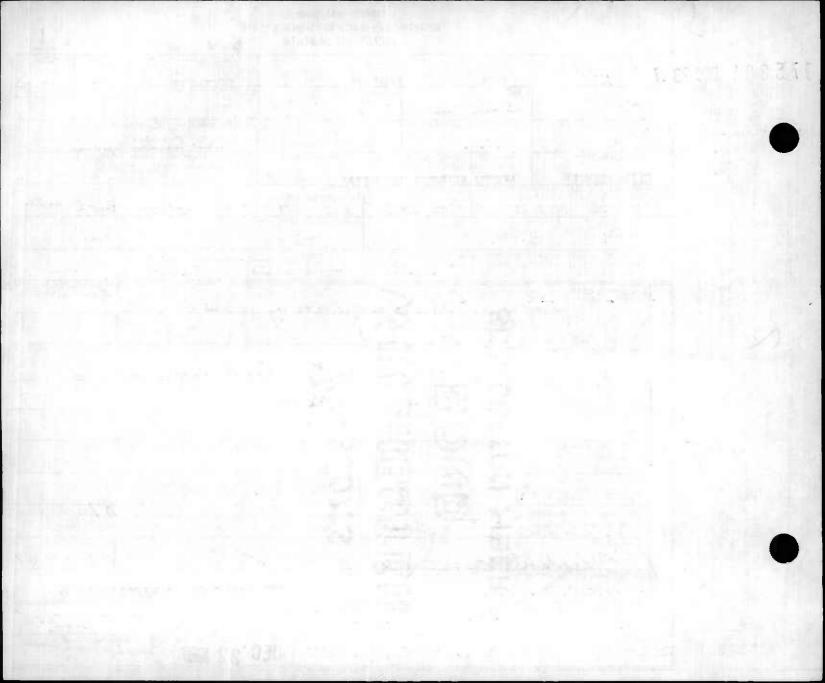
Malter Brooks Bradley Inc., Düridalk, Md. 21222

23a BURIA

Burial

Mustaba C. Oz., M.D.

12/22/1987



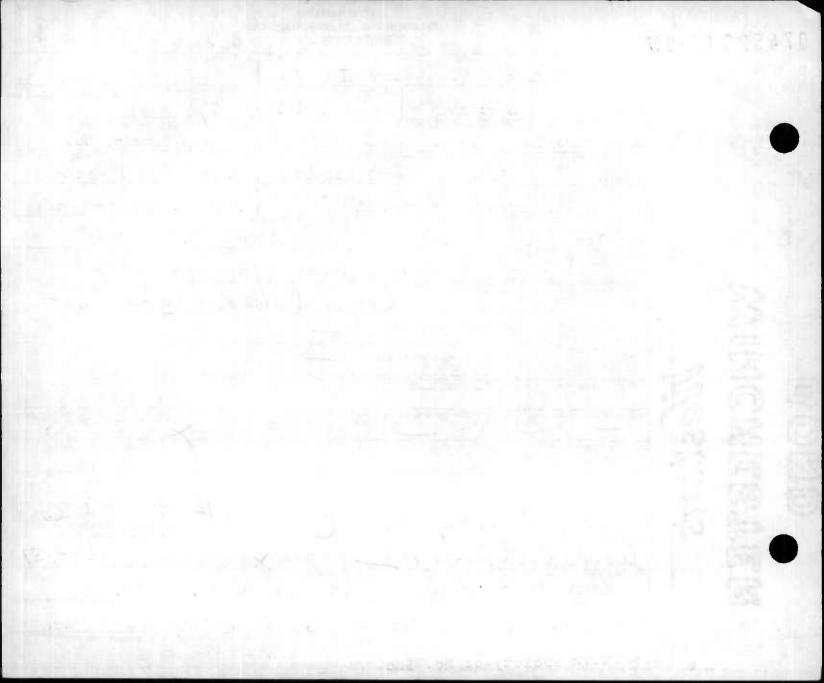
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN X 26 HOUR ESTI-DEATH MATED MARTHA A. 261981 ROSE DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE 2d HOUR LAST BIRTHDAY) PRONOUNCED 0105 26,87 DEAD BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland USA DIVORCED CITY OF TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) Seamstress Sewing Shop NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSIONS 13 CLITY OR TOWN 13b COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 655 W YES [ nd LEATHER'S NAME 15. MOTHER'S MAIDEN NAME John Brown Calman Mary 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT 727 Off Harold Harbor (YES, NO. OR UNKNOWN) L (JE YES GIVE WAR OR DATES) No Crownsville, Md. 21032 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 20 AUTOPSY? DEPARTMENT O WARDED TO THE C PAGE 3 SHOULD BE 21g. EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f LOCATION EXECUTE THE CERTIFICATE WRITE PAGE A SHOULD BE FORWARDED TO FUNERAL DIRECTOR, PAGE 31 AFTER DÉATH, WITH THE STATE DE BALLIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNT STATE WHILE NOT WHILE D 22a. I certify that I taak charge of the remains described above, held an Autopsy Inspection and in my apinian death resulted fram: Hamicide Undetermined manner Natural causes Suicide EXAMINER'S NAME William P. Jones ADDRES 695 America Crt Davidsonville, Md. 21035 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial 12/29/87 Epiphany Episcopal Odenton A. Arundel Md. 07/84 24 FUNERAL DIRECTOR DE 25 PATE REC'D BY REGISTRAR 255 REGISTRAR'S SIGNATURE Hardesty Funeral Home, Annapolis, Md. **DHMH - 17** (VR A15 ME (5))

15 50 25 El 12.20.37 (40) Aca 5-31.78 80 C. R.A. KERRY MIG Corner Front Warre and The Md AA JESSUP DIE COFEETS HELD METHORNE Commence IF Com Is Diaketes Michigan Hypertensia Meller P. Johns Dynky 2/2/2/20

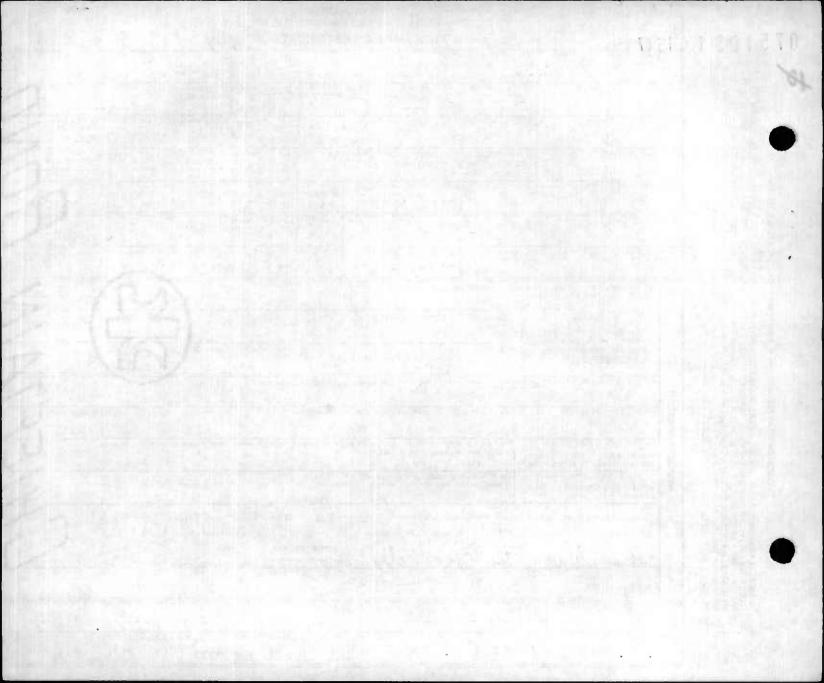
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARY NG PHYSICIAN.  Otherding physician been signed by the attending physician and complete with this certificate been signed by the attending physician and complete os the buriol-transit permit. Then please remove care compensations is and any and Mental Hygiene prior to buriol, cremotion, or certificate by shakes any injury, an other troumatic event, the medical examples orked an Mental B shakes any injury, an other troumatic event, the medical examples.	rion	Conditions, if ony, gove rise to improve couse (o), stating underlying couse	which nedigte g the lost.	DUE TO, (  DUE TO, (  (b)  DUE TO, (  (c)	OR AS A CONSE	QUENCE OF					GIVEN IN	9/-	
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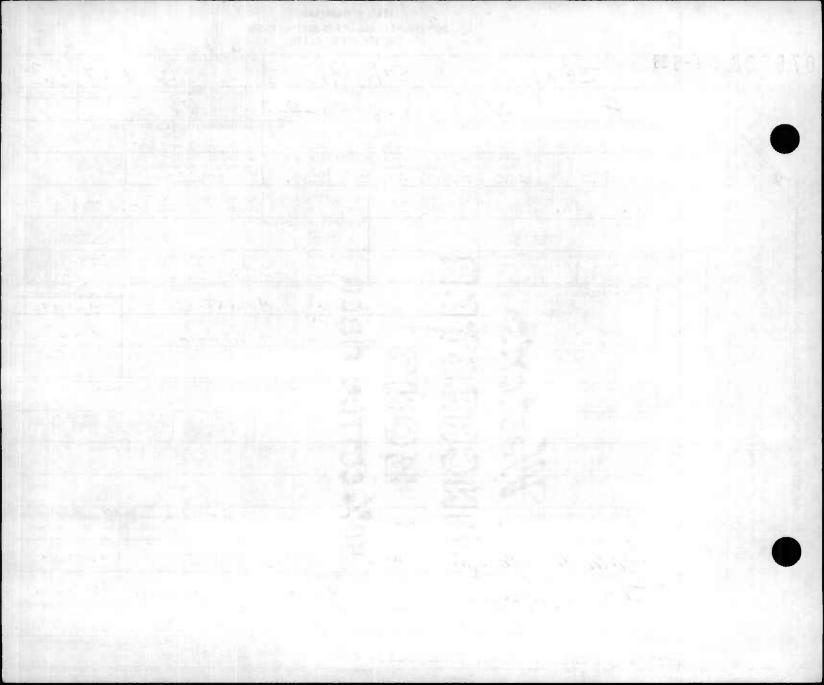


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o deo	1		Conditions, if any, which gave rise to immediate	(b) CHROK	vic Lyi	ullolytic	LIZERSCUIA	1 1/2.
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he low re on. hos beer	ene prior	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO
SICIAN: T og physici certificate	entol Hygie Nem 18 sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA			21c HOW INJURY OCCU	RRED   ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
G PHYSK offending er this ce	the bu	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY O	DEFICE, FARM, ETC }	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
A A	epith s mort		220.1 certify that (1) (this hospit		from	83 , 19		19.87 , that (I) (we) last
TTEN Spitol	of H		saw the deceased alive on above, (I) (we) (did) (did not	12 - 6 I view the bady after death.	19 87,01	nd that in (my) (our) apinion	n death occurred an the date and hou	ur and from the causes stated
OR A DiREC	Dept.		22b. SIGNATURE	0.	mi	DEGREE	MEDICAL STAFF	22c. DATE SIGNED
		1	224 PHYSICIAN'S NAME LITTER OF	Muleum	mz	PHYSICIAN	DIRECTOR   PHYSICIAN	12-7-87
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5 g 5	₩ 3 ≤		BURIAL, CREMATION, REMOVAL	23b DATE		EMETERY OR CREMATORY		COUNTY 3 3 STATE 3
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#### STATE OF MARYLAND

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23a.	BURIAL, CREMATION, REMOVAL		NAME OF C	1667 Crofto	23d LOCA	TION	con, MI	). / [	14	_
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requires that the death certificate be executed within 24 TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. TO HOSPITAL OR ATTENDING PHYSICIAN. The low retained by the hospital or attending physician.

IMPORTANT: If them 21 is morked or them 18 shows any injury, or other troumotic event,

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# STATE OF MARYLAND

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ALT	te b		18. CAUSE OF DEATH (Enter PART I. DEATH WAS CA	r only one couse po	er line for (a), (b), a	nd (c).)				APPRO BETWEET	XMATE INTERVAL N ONSET AND DEATH
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<u> </u>	mysicial physicial physici		OR CONTRIBUTING CAUSE O		A.M. MONTH	DAY YEAR	THE HOW INJURY OCCUR	RED TENTER NATURE OF INJE	KT IN HEM IS P	ART ( OR PART 2)	
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	OR A bolike oched Dept. If hem		226. SIGNATURE	11		in a	DEGREE	/		22c. DAT	E SIGNED
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GLEN RURGEE NORTH AUGUSTAL MUSPITAL

SOC HASPITAL INTYE, SUITH 230 GLAS HURNIE, 1980 12001

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IMPORTANT: If them 21 is marked at them 18 shows any injury, or other troumotic event, the

TO FUNERAL DIRECTOR: After this certificate has been signed by the otterdin should be detached for use as the buriol-transit permit. Then please remaye contained the State Dept. of Health and Mental Hygiene prior to burial, cremation, as

# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

4	8/	REGISTRAR		CERTIFICATE OF BEATH	8 REG. NO	3 3	3 2 8
	1. DEC	CEASED NAME FIRST	C MIDDLE	ELADN	26. DATE OF DEATH	MONTH DAY YEAR	7 YOUR A
	3 SE)	F	RACE 2	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRT	YRS.	
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)	13e. S	AL RESIDENCE IN NURSING HOME OR OT ITS TATE 13b. COUNTY		134. INSIDE CITY LIMITS?	13. STREET ADDRESS 939 BENN	ING KO	20765
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		VAS DECEASED EVER IN U.S. ARME VES, NO O'UNKNOWN)   ] IF YES, GIVE W		602 George Sel	Man-Gal	esville,	43.
		18. CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED E IMMEDIATE (	BY: CANCE	ROF PANCK	EAS	ae yw	ROXIMATE INTERVAL EEN ONSET AND DEATH
	N	Conditions, if ony, which gave rise to immediate cause (o), stafing the underlying couse last.  PART 2 OTHER SIGNIFICANT COI	DUE TO, OR AS A CONSEQUEN  (b)  DUE TO, OR AS A CONSEQUEN  (c)  NOTIONS CONTRIBUTING TO DI		NAL DISEASE OR CONE	DITION GIVEN IN PAR	Τ 1ιο
7	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH C	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAU YES	
1		210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DA' P.M.	19	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART	2)
	MEDICAL	214 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FAI	1.6	CITY OR TO	WN COUNTY	7
		22a.1 certify that (II (this basered) sow the deceased alive on above, (I) (meetand) (did not) v 22b. SIGNATURE	view the bady after death.	4-7	leath occurred on the do	22c. D	the causes stated
/		224 PHYSICIAN'S NAME (TYPE OR PA	ent. Root,		DIRECTOR PHYSIC	IAN	403
	Te	SURIAL, CREMATION, REMOVAL PECETY  JUNEAL DIRECTOR	23b. DATE /2 123c. N. /2 12 87 Eb	AME OF CEMETERY OR CREMATORY  PENEZE )*  [25] DATE	23d LOGATION CHYORIOWN TO CONTROL REC'D. BY REGISTRAR	LE ACOUNTY 25b REGISTRÂR'S SIG	MATURE ALE

DEC

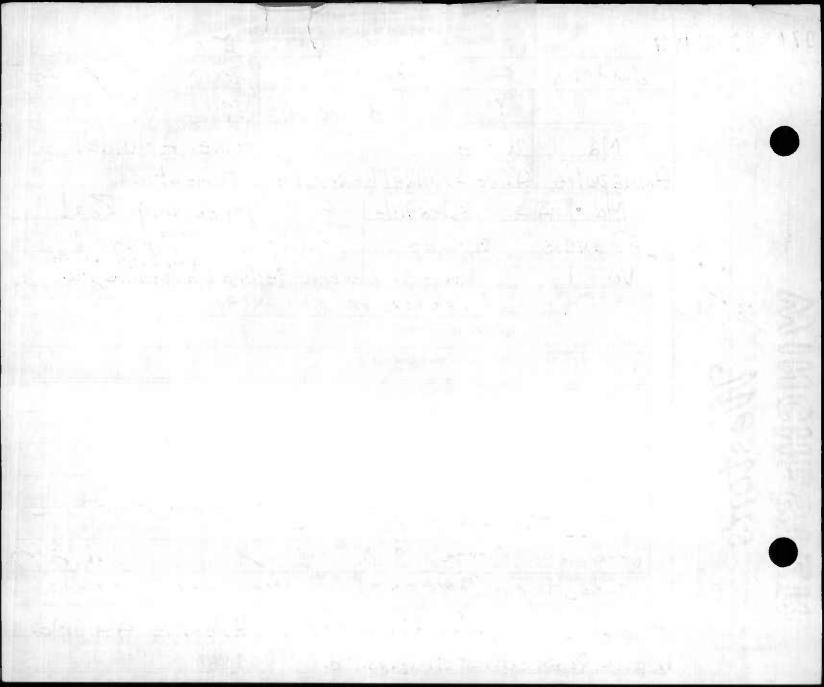
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TO HOSPITAL

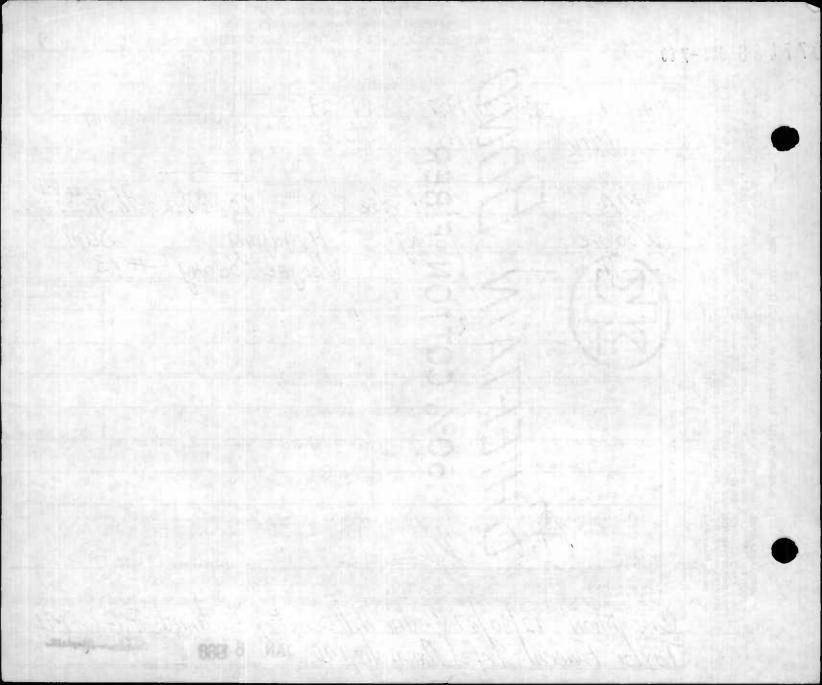
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DHMH - 16 50M 1/B1 (VRA 15, 4)

Zeset Sons - 821 West St. - A



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR EASED NAME 20. DATE KNOWN YPE OR PRINTI OF ESTI-E FUNERAL DIRECTOR.
E 5 FOR YOUR FILES.
E HIN 72 HOURS 1987 SEONG 12 29 **EDWARD** DEATH MATED SEX 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS. 2c DATE LAST BIRTHDAY PRONOUNCED 29 10 87 DEAD To BIRTHPLACE (STATE OF Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED MARRIED FOREIGN COUNTRYS WIDOWED DIVORCED Anne Arundel County 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 17a USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS EOR MOST OF WORKING LIEET (IE NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OR INDUSTRY 3. RETAIN PASHOULD BE RECORDS. Annapolis Anne Arundel General Hospital NCE HE IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE REFORE a STATE 180 CITY OR TOWN MIN COUNTY 13d. INSIDE CITY LIMITS? MAYIdae 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, MEDICAL EXAMINER ALONG WITH FORM PM DASA BLIZIAL TRANSIT PERMIT. PAGES 1 ALTHA WIND MENTAL HYGIENE, DIVISION OF VERMATION OR PEMOVAL. MIDDLE LAST CONG 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO **ADDRESS** (YES, NO, OR UNKNOWN) I (# YES, GIVE WAR OR DATES) CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Respiratory failure IMMEDIATE CAUSE (a)\_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO CERTIFICATION TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD "PEPAGE 4 SHOULD BE FORWARDED TO THE CHIEF A TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED, AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BATTER DEATH, WITH THE STATE DEPARTMENT OF HE BATTER DEATH, WITH THE STATE DEPARTMENT OF HE BATTER DEATH WITH THE STATE DEPARTMENT OF HE BATTER DEATH OF THE BATTER DEATH 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] NO Z 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M. THE PLACE OF INJURY SATHOME 21d INJURY OCCURRED 211. LOCATION STREET, EACTORY, FARM, ETC ) WHILE STREET. CITY OR TOWN COUNTY STATE WHILE AT WORK Inspection X 220 I certify that I took charge at the remains described obove, held on Autopsy and in my opinion death resulted from: al couses Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 12-30-87 SIGNATURE EXAMINER'S NAME Charles P. Kokes, M.D. 111 Penn St., Balto., MD TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236, DATE 07/84 BP 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR **DHMH** - 17 (VR A15 ME (5))



BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

KIND OF BUSINESS OR PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO I 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) jour) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED DIRECTOR PHYSICIAN 1401 nnapolis nd 23a BURTAL 236 NAME OF CEMETERY OR CREMATORY 23d. LOCATION 256 DATE REC'D. BY REGIST AR 256 REGISTRAR'S SIGNATURE

STATE OF MARYLAND

YEAR

IF UNDER I YEAR

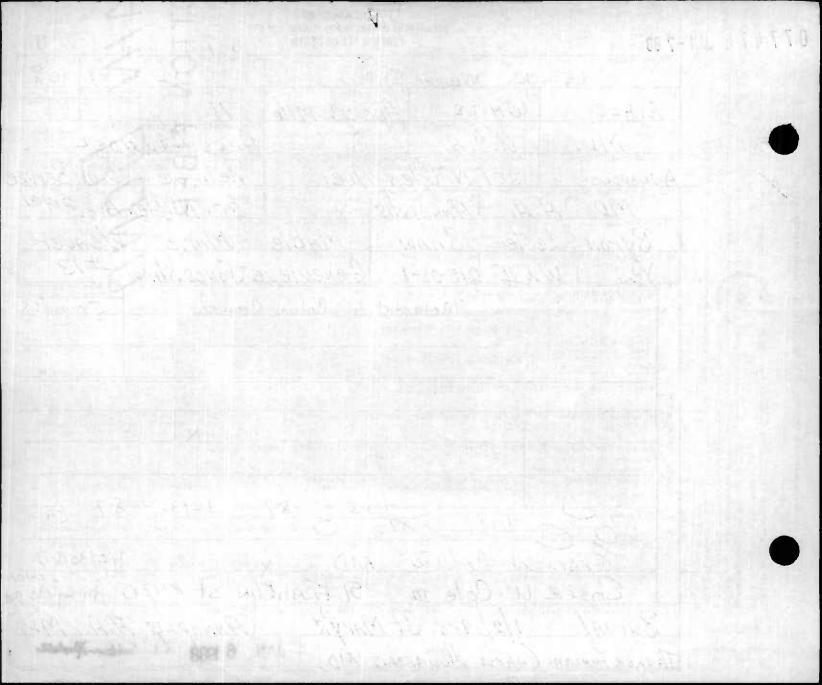
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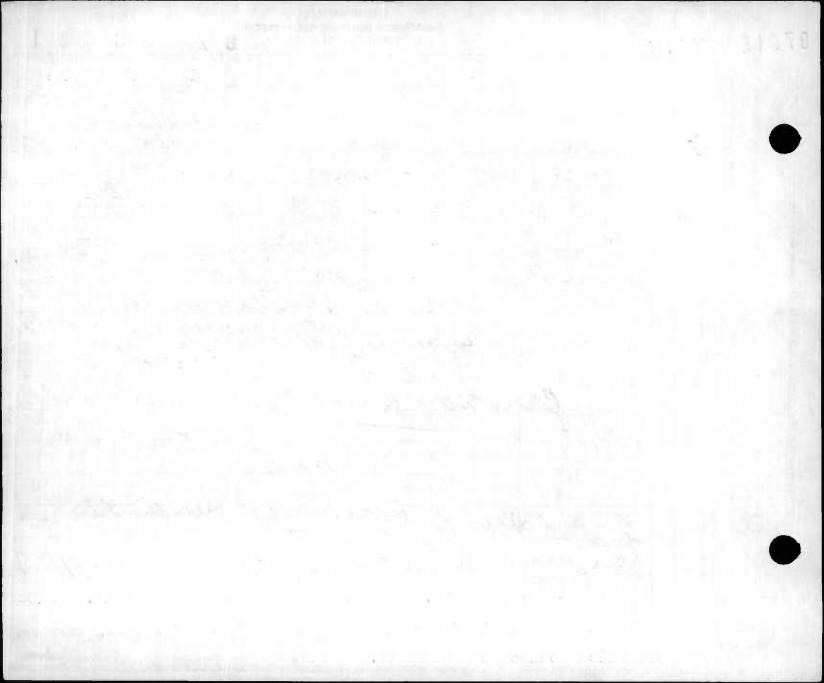
IF UNDER 24 HRS

30

A M



76196 DEC 2	FOR  STATE  7 REGISTRAR  DECEASED NAME FIRST	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	8 7 <sub>REG. NO.</sub> 3 3 8 3 1
2 76	1. DECEASED NAME FIRST (TYPE OR PRINT) Ann	W.	Sheehan	12 18 87 10:50 to 12 18 10:50 to 12 10:50
4 de	3. SEX	4 RACE	S. DATE OF BIRTH	6. AGE   IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
4 4000	Female	Caucasian	03 12 97	90 YRS. MONTHS BATS HOURS MIN.
	78. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Mass.	76. CITIZEN OF WHAT COUNTRY?  USA	MARRIED WEVER MARRIED WIDOWED TO DIVORCED	Anne Arundel County MD.
10	Glen Burnie	North Arund	-	178 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HOMEMAKET HOME
NND 212	MD A RESIDENCE IF NURSING HOME OF	NOTHER INSTITUTION GIVE RESIDENCE BEFORE NOTY 13c. CITY OR TOW Glen B	urnie yes   NOX	13e. STREET ADDRESS 21061 7972 Nolpark Court
MARKY.	James	White	15. MOTHER'S MAIDENNA Catherin	e Rooney
IMORE, on and ca Pages I	160: WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166. SOCIAL SECTION AND ATES) 023-01		halfonte Ave. Pittsburgh, Sheehan Pennsylvania
VITAL RECORDS, 201 W, PRESTON ST No. The law requires that the death zero hydrone. Harden by the attending thanks permit a page of the property of the propert	Conditions, if ony, which gave rise to immediate cause (o), stating the underlying couse last.  PART 2 OTHER SIGNIFICABLE  19a DATE OF OPERATION  CONTRIBUTION OF CAUSE OF CAU	216. TIME OF INJURY	DEATH BUT NOT, RELATED TO THE PARTY OF THE P	AINAL DEVISE OR CONDITION GIVEN IN PART ITO  E  200 AUTOPSY?  700 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO F  YES NO F  YES NO F  100 AUTOPSY?  YES NO F  YES NO F  100 AUTOPSY?  YES NO F  YES NO F  100 AUTOPSY?  100
DIVISION OF CHOSPITAL OR ATTENDING PHYSICLA Trained by the Noghted or attending a O FUNERAL DIRECTOR. After this cent hould be detected for use as the burial- tiff the Stote Dept of Health and Mental	(IF EITHER NOTIFY MEDICAL EXAMINE  21d INJURY OCCURRED  NOT WHITE AT WORK  22d PHYSICIAN'S NAME (TYPE)	P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,  intal) brinded the deceased from at view the body after death.  OR PRINT)	and that in (my) (our) aginion  DEGREE  ATTENDING BHYSICIAN  122e ADDRESS	death occurred on the date and hour and from the causes stated  MEDICAL STAFF DIRECTOR PHYSICIAN   O HWY. Glen Burnie MD21061
	230 BURIAL, CREMATION, REMOVAL	10/10/00	NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN COUNTY STATE
BP	Cremation 24 FUNERAL DIRECTOR	12/19/87 S	ecurity Process	Catonsville BA. Maryland
DHMH - 16 50M 1/B1 (VRA 15, 4)		iety of Md. Ba	ito, MD 21228	C 0 % 1007 1 Silver Condition



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#### STATE OF MARYLAND

	1.	STATE REGISTRAR	DEP	CERTIF	FICATE OF DEATH	8 7 NO. NO.	3 3	8	3 2
21	1.89	CEASED NAME PRIST	MEDISE	THE STATE OF	LAST	2s DATE OF DEATH MO	DAT DAT	YEAR	2k. HOUR:
	Freeze	RICHARD	Hawkins	SHIP	LEV	DECEMBER	15 1	987	1020 PM
П	3. SE		4 RACE	5. DATE (	OF BRITH	& AGE (IN YEARS LAST BIRTHE		DERTYEAR	# UNCLESTANCE
	M	fale	White	Nove	mber 11, 1909	78	VOC.	DAYS.	HOURS MAL
	71. 8	RTHPLACE (STATE OR FOREIGN	75. CITIZEN OF WHAT COUN	TRY? I	D X NEVER MARRIED	* BALTIMORE CITY OR	COUNTY OF E	EATH	
3	12 S M	ryland	U.S.A.	WIDOW		ANNE ARI	IMINEL C	OUNTS	W MD
		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NI	URSING HOME		Superintend	10	E KIND O	BUSINESS OR
		GLEN BURNTE	NORTH ARTINI		ITAL.	of Engineer		ivil	Service
**	13a S	AL RESIDENCE IN HURSING HOME O	EDTHER INSTRUTION, GIVE RESIDENCE	REFORE ADMISSIONS		1134 STREET ADDRESS	3 4		
2		ryland Anne	Arundel Linth		YES NO NO	302 S. Camp	Meade	Road	21090
A	14. FA	ATHER'S NAME	MDOLE LAS	r	15. MOTHER'S MAIDEN NA	ME			
7		Richard	L. Shipl	ey, Jr.				awkir	18
ï		WAS DECEASED EVER IN U.S. AF	VE WAR DRIVATEST	SECURITY NO.	17 INFORMANT (WI	The state of the s			
	- 0	No N	/A 717.07	7.6704	Elizabeth S.	Shipley	Same	as	
		PART I. DEATH WAS CAUSE	nly one couse per line for (a), (i	b), and icin	0	- Class	-	MIWEN	MATE BUTERY AL
			TE CAUSE (n.)	10	sprataz	will	1	N	ut
			DUE TO, OR AS A CONS	CHANGE THAT COME BY A METERS OF		1.		-	O_
		Conditions, if any, which gave rise to immediate	(b)	FA	encom	Ke.		ike	21
		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONS			1111	19 6	141.0	1
П			(6)	The second secon	comogna a	Ino Lu		N. (C	wy
	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	O DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDI	ON GIVEN IN	4 PART No	
5	CERTIFICATION	194 DATE OF OPERATION	1% CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	78e AUTOPSY?	No IF YES, WE	RE FINDIN	GS USED
1	TIFIC					YES NOT	YES []	CAUSES	NO []
	CER	214 ACCIDENT WAS UNDERLYING	TOOLS VIEW TO CO.		THE HOW INJURY OCCUR	RED (ENTERNATURE OF PUBLIS	NITEM SE PART TO	DEFART 2)	
J	AL	OR CONTERUTING CALISE OF DE		DAY YEAR					
1	MEDICAL	214 INJURY OCCURRED	21s. PLACE OF INJURY	and the same	211 LOCATION	cuts de 10we		COUNTY	STATE
	×	AT WORK AT WORK	(AT HOME, STREET, FACTORY, O	Production Stell		A WILLIAM			
		220.1 certify that (1) (this hosp	179	rom	20 19 8	7-10-12	15 10	82	that (I) (Hy last
		saw therenceased alive of above (I) we) (did (did n	Thriew the Body after death.	19 8 0	nd that (Cmy) (our) opinion	death occurred on the date	and hour and	from the	couves stated
		THE SIGNATURE		MA	DEGREE			22L DATE	SIGNED
		Drawl	unun	MY		DIRECTOR PHYSICIA	NO	12	16087
/		224 PHYSICIAN'S NAME (DH)	CH PRICE P		224 ADDRESS	ACHAHADT DO		10	0
		TOA H CODE	a w france	3/4		AQUAHART RD		/	/
	73u. 8	BURIAL CREMATION, REMOVAL	LAND M. D.	THE NAME OF C	EMETERY OF CHEMATORY	1 TOCKASTILAN	21001	1000	1740
	B	urial	Dec. 19,1987	Shipley		Linthicum	A.A.Co		
	17.	UNERAL DIRECTOR 71	1. Hacking	RES. 4		E REC'D BY RESTSENANTS	<b>NATIONAL</b>	STIGNAT	URE
	Si	ngleton Funeral	Home, Glen B	urnie, l	harylange U 18	1901			

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR, After this certificate has been should be detached for use as the businest-trained permit. I with the State Dept. of Health and Mental Hygiene prior. IMPORTANT If hem 21 is marked of hum 18 silbert any

ATTENDING PHYSICIAN: The

elained by the hospital a-TO HOSPITAL OR

- 12 5 10 7 4 10 10

COLVED 1 SHELEY DECREES 15, 1987 1020 24

TIVLO JERNER ARME ARMED COUNTY

CLEN RUNNIE ROKEN ARRIGHE ROSPI DAL

THAT IL COMBLARD NLD. GLEY BREATE, HARYLAND LIVEL -

West 188 8 1 0 2 1

that the death certificate be executed within 24 hours after death. Page 4 may be

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours ofter death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

BP.

DHMH - 16 50M 1/B1 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF H

EALTH AND MENTAL HYGIENE		
ICATE OF DEATH 8 7 RE	G.NO. 3 3	3

13.	FOR	DEPARTM	IENT OF HEA	ALTH AND MENTAL HY	GIENE				
85	REGISTRAR		CERTIFIC	ATE OF DEATH	8 7 REG	.NO. 3	3 8	3 BST	
	CEASED NAME FIRST	WIDDLE	LAS	1	26. DATE OF DEATH		DAY YEAR	26 HOUR	
MEDICAL CERTIFICATION  1. DECICAL CERTIFICAT	CYNTHIA		SMITH		DECEM	BER	7. 1987	511	
3. SE		RACE /	S. DATE OF	BIRTH	6. AGE (IN YEARS LAS		FUNDER I YEAR	IF UNDER 24 HI HOURS MI	
C	texale.	Spack	OZ	05 1905	1	82 YRS.		NOURS M	
		CITIZEN OF WHAT COUNTRY?	I.	□ NEVER MARRIED □	9. BALTIMORE CIT				
l '	COUNTRY) 3.C.	115 A	WIDOWED		ANNE	ARUND	EL COUNT	V	
10 C	ITY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSIN		OTHER INSTITUTION	17s. USUM OCCUP	ATION	126 KIND O	F BUSINESS	
	GLEN BURNIE	NORTH ARUNDEL		TAL.	KUL	ed	LIVE) INDOSTRI		
USU.	AL RESIDENCE (IF NURSING HOME OF OTH		ADMISSION)	3d. INSIDE CITY LIMITS?	13e STREET ADDRE	ss /	1	2114	
	MP A.A	Co.		YES NO P	XXX Lue	insto	winkd	p.11 )	
14.77	ATHERS NAME	1/1/1/100	1	S. MOTHER'S MAIDEN N	AME	1	LAS	,	
V	Eddie.	1003		FIRST LA	red XX	2013	2		
	WAS DECEASED EVER BYU.S. ARME		RITY NO.	INFORMAGET + 11	11/10 m2	DRESS	6	11	
	NXTT	er un partial	•	484 71100	HATTHUY	7 XOC.	Sellel	1.1-4	
	18. CAUSE OF DEATH (Enter only o	ane couse per line for (a), (b), and	d (c).)				APPROXI BETWEEN	MATE INTERVAL	
	PART I. DEATH WAS CAUSED B	AUSEIN Pardia	ca	258t.					
	Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF Account with Respiration of the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF Account with Respiration of the underlying cause last.								
	Canditions, if any, which	DUE TO, OR AS A CONSEQUE		As-terna	unce he	Sport	m		
	gave rise to immediate	(6)		9 0		4	-/-		
	couse (a), stating the " underlying cause last.	DUE TO, OR AS A CONSEQUE	NCE OF	disyllu	y and	Trache	209		
	PART 2 OTHER SIGNIFICANT COR	(c)		AT DE 1 TO THE TER		0.10.710.110	0.000		
z	PART 2 OTHER SIGNIFICANT COL	ADITIONS CONTRIBUTING TO L	EATH BUT N	OT RELATED TO THE TER	MINAL DISEASE OR C	UNDITION	SIVEN IN PART III	3	
4 \	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION	WAS PERFORMED	28s AUTOPSY?	20b. IF Y	rES, WERE FINDIN	NGS USED	
F					YES T NOT	_	TIFYING CAUSES	OF DEATH?	
E -	216. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21c HOW INJURY OCCU				МО	
1	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DA	AY YEAR						
100	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 21e PLACE OF INJURY	19	21f LOCATION					
ME		(AT HOME, STREET, FACTORY, OFFICE, F		STREET	CITY C	RIOWN	COUNTY	STATE	
	AT WORK AT WORK		11-	09 8	7	~ 7	1087		
	22s I certify that (I) (this haspital) saw the deceased alive on	12- 19	-7 and	that in (my) (aur) apiniai	dooth assured as the	a data and b	1	thot/(I) (we)	
	obove (1) (we) (did) (did not) v	iew the body after death.	0		deom accorred an in	e dole ond n			
	22b. SIGNATURE	. 0	T DI	ATTENDING	MEDICAL S	STAFF	22c DATE	SIGNED	
			-	PHYSICIAN	DIRECTOR PH	YSICIAN 🗌	12/	187	
	22d. PHYSICIAN'S NAME (TYPE OR PR		9	22e ADDRESS 7	422 BALTIM	ORE-AN	NAPOLIS	BOULE	
	DALJIT S.SAW	NEY, M.D.		GLEN BU	RNIE, MARY	LAND	21061		
73a f	BURIAL CREMATION, REMOVAL	234 DATE 731	MAN OFFICE	METERY OR CREMATORY	23d LOCATION	1		/ X	
1	surial 1	12-11-87 14	1770	n cen	1 Lill	THO	COUNTY	STATE	
74.5	UNERAL DIRECTOR	0.11	1631	1 25 PA	TE REC'DENY BEGIST	PAR 256 REG	IST MANY SURVIN	THE POWER	
(1)	Hair Whan t	WAGNAL GOODS	TI	P AND	111 0 1499			•	

#### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0	7	5	22	8	DE	C	1
		12	may be	page 3			
		10	Poge 4	director.		-	5
			DING PHYSICIAN: The law requires that the death certificate in executed within 24 haurs ofter death. Page 4 may be a may be an extending physician.	After this certificate has been signed by the attending physician and summitting filled in by the funeral director, page 3 CO so the busial-transit permit. Then please remove carbon pages. Page 1 should be slied with 13 so they death	7	marked or Hem 18 stays any injury, or ather traumatic event, the medical examiner must be natified at another	/
	201		urs ofter	by the	5	e natifie	1
	AND 21		n 24 ha	filled in	200	d isome	5
	MARYL	1	To Pa	1	0	examine	1
	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	(	. Ke	Poper		medical	
	BALTI		ficate p	physicial	alth and Mental Hygiene prior to burial, cremation, or removal.	ent, the	
	TON ST		ath cert	e carbar	in, or rer	matic e	
	W. PRES		at the de	y the att	crematic	ther trau	
	19, 201		vires tha	igned b	burial,	ury, or a	
	RECORD		law req	s been s	e prior fo	lui kuo s	9
	VITAL		DING PHYSICIAN: The	icate ha	Hygiene	62	く、つ
	ONOF		HYSICIA	burial-t	Mental	or Herr	1
	DIVIS		or offer	After the	olth and	narked	

should be detached for use as the burial-transit permit. Then please remove carban poperative the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Hem 21 is marked at Hem 48 stays on injury, or other traumatic event, the retained by the haspital TO FUNERAL DIRECTOR BP.

	REGISTRAR			CERTIF	ICATE OF DEATH	8	PREG. NO	3	3 8	3 PM
	CEASED NAME FIRST	A	AIDDLE	L	AST	20. DA	E OF DEATH	AONTH D	DAY YEAR	26 HOUR
Little	FRANK	HAM	ILTON	SMIT	H		DECEMBE	R 14	, 1987	0910
3. SE	x MALE	4. RACE  CAUCE	ASIAN	S. DATE C	DAY YEAR	6. AGE	75		IF UNDER I YEAR	IF UNDER 24 HI
7a. BI	IRTHPLACE (STATE OR FOREIGN COUNTRY) ENGLAND	76. CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D DIVORCED		ANNE A		OF DEATH	Υ
	GLEN BURNIE	NORTH	ARUNDEI	ADDRESS) HOSP	OR OTHER INSTITUTION	(TYPE OF	UAL OCCUPATION WORK FOR MOST OF LINISTR	ON WORKING LIFE	12b. KIND O	f BUSINESS O
13a S M	AL RESIDENCE (# NURSING HOME OR STATE 136 COUN IARYLAND A, 2	TY	GIVE RESIDENCE BEFOR 13c. CITY OR TOW FERNDA	/N	13d. INSIDE CITY LIMITS YES NO X	113	EET ADDRESS Dinsm	ore .	Avenue	2106
	THOMAS	R.	SMITH		15. MOTHER'S MAIDEN HANNAH		MIDDLE		BERT <b>S</b>	ı
	MAS DECEASED EVER IN U.S. AR. YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? E WAR OR DATES)	215 05	5379	17 INFORMANT Fe: Evelyn M	rndal Smi	e Mary:			Avenu
	18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT	BY: E CAUSE (0)	KESPI	RAT		AKUR	E		BETWEEN	MATE INTERVAL ONSET AND DEAT
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT C	DUE TO, OF	R AS A CONSEQU	ENCE OF	STRUCTIVE		HOMAK)	DITION GIV	EN IN PART 1/2	
CERTIFICATION	198. DATE OF OPERATION	TION FOR WHICH OPERATION WAS PERFORMED			200 YES	AUTOPSY?	IN CERTIF	, WERE FINDIN YING CAUSES S		
	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.	M. MONTH D	AY YEAR	21c HOW INJURY OCC	CURRED (EN	er nature of injur	IN ITEM 18, P	ART 1 OR PART 2)	
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE C	OF INJURY EET, FACTORY, OFFICE,	FARM, ETC )	211 LOCATION STREET	0.55	CITY OR TOW	/N	COUNTY	STATE
	270.1 certify that (1) (this haspi saw the defined align on above. (1) to 1) did for an 275. SIGNATURE	17 / 19	/		nd that in (m) (our) opin	1				tho (I)(we) I couses stated SICHED
	274 PHOTCIAN'S NAME (TVH O	na	M.19		ATTENDIN PHYSICIAL 22e ADDRESS	N DIREC	RITCHIE	IAN 🗌	12/1	187
	SOL WITRIOL	M.D.			PASADE	NA MA	RYLAND		NAT.	1 1
23a 6	BURIAL, CREMATION, REMOVAL ISPECIFY) BURIAL	236. DATE 12/18/			emetery or cremato	-	en Bur	nie	ANTA	Md STATE,
24 Ft	uneral director  aymond C.Fink	GlenB	wrnîë,	1d. 2	1061 DEC	DATE PECT	BY PEGISTRAR	SS REGIST	RAR'S SIGNAT	URE

DHMH - 16 50M 1/81 (VRA 15, 4)

OF STATE OF STATE DESCRIPTION OF THE DESCRIPTION OF STATE THE SECOND STATE OF THE SE ARME ARRIVED COUNTY GLER DUNCES | NORTH ARRESTS | 1 TO THE STATE OF THE STATE SOL WITHIOL, M.D. PASAURO, MARYLAND 21122 - - - × 1.c

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#### STATE OF MARYLAND

	1	FOR	DEPARTM	NENT OF HEALTH AND MENTAL HTT	FIENE	
0.01	0.7	STATE REGISTRAR		CERTIFICATE OF DEATH	8 ZEG. NO.	3 3 8 3 5
131	1 DF	CEASED NAME FIRST	MIDDLE	£AST		INTH DAY YEAR 126 HOUR DA
		OR PRINT)	0 +	CIA	-	- Phi
		Not	in purior	Smith	Dec	27.1987 //23 4
	3 SE	X	4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHD	AY) IF UNDER LYEAR IF UNDER 24 HAS
		mala	1.16.40	may 1 1908	19	
- Sf	7 . P.	RTHPLACE   STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	May 1,1908	9 BALTIMORE CITY OR	YRS COUNTY OF DEATH
The state of	70 00	COUNTRY)	THE CITIZEN OF WHAT COUNTRY!	MARRIED NEVER MARRIED	O DALLIMORE CITY ON	7
9	IM	Januland	USA	WIDOWED DIVORCED	Hone	trunce MD.
D	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		120 USUAL OCCUPATION	
怎/ )	0	nnagalie	(IF NOT IN CHICH FACHITY, GIVE STREET	4 4 4	EDUPE OF WORK FOR MOST OF W	
-	WEST.	AL PESIDENCE ALIBSING HOME OF	COTHER INSTITUTION GIVE RESIDENCE BEFORE	On a lescent Chir	Catere	Taub
3/	130 5	STATE 136 COU	NTY 12 CITY OR TOW	N 134. INSIDE CITY LIMITS?	13 STREET ADDRESS / Z	IP GODE
E	1	MD IA.	A. IHnnapa	ILS YES NO [	13 Hider	Koad 21463
c	14 FA	THER'S NAME		15 MOTHER'S MAIDEN NA		
E		FIRST	MIDDIL C LAST 1	FIRST	MIDDLE	LAST
ă	1	Villiam	H DMIT		<u> </u>	Lee
dico	160 V	VAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SECUI	RITY NO. 17 INFORMANT	ADDRESS	0. Box 2133.
ě /	1	NO -	-	882 Fouther	Dinclair- F	aston, m021601
å.			0///	osare egine.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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e < e			TE CAUSE 10 CAMMULA	ua ucue con	estive rear	e finere mos
ofic.			DUE TO AS A CONSEQUE	NCE OF		
E		Conditions, if any, which	JIVAMA	U GATORN MS	11011	Years.
tro		gove rise to immediate	18	7 1000		
her		couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUE	NCE OF		
0		onderlying coose loss.	( 10)			
×.		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TERM	AIN AL DISEASE OR CONDIT	ION GIVEN IN PART 110
5	CERTIFICATION	the dicta	mellitus	misuling de	bendent	
7	F	198 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		OL IF YES, WERE FINDINGS USED
3	5					N CERTIFYING CAUSES OF DEATH?
je -	E				YES NOL	YES NO
8		210 ACCIDENT WAS UNDERLYING	THE PART OF THE PA	Y YEAR THOW INJURY OCCUP	RED (ENTER NATURE OF INJURY IF	N ITEM 18 PART 1 OR PART 2)
E	14	OR CONTRIBUTING CAUSE OF DE	AIR .	19		
#	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION		
P	¥ X		LAT HOME STREET, FACTORY OFFICE, F		A CITY OF TOWN	COUNTY STATE
orke		AT WORK NOT WHILE AT WORK		101	Va.	1
E		220.1 certify that (I) (this hosp	ital) attended the decembed from	1000 19	, to	, 19, thoself (we) lost
21		Sow the deceased alive or	1_(4) 18/19_	ond that in (my) (or opinion	death occurred on the date	and hour and from the causes stated
E		22 SIGNATURE	ori view the body after death.	DEGREE		22c. DATE SIGNED
+		KILLO IF A	011.0.	ATTENDING	/ MEDICAL STAFF	10/20/00
E		THE STATE OF	mullin	PHYSICIAN	DIRECTOR   PHYSICIA	ND 12/20/8/
Y Y	1	224 PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS	Δ 4	^
MPORTA		18-10.6. Jack	2: 3	1833 Fres	L Andre Chy	110 h 1 21/101
A A	-	recurrence	Jun		COVIDE HV	Magalas, MA, A991
	23a	BURIAL, CREMATION, REMOVAL	23h DATE 23t N	AME OF CEMETERY OR CREMATORY	23d LOCATION	A STATE
	1 (	remation	Ner. 27.1987	Ceder Hill	Surtlan	d P.C. mil
	24 5	UNERAL DIRECTOR		25a. DA	TE REC'D. BY REGISTRAR 25	REGISTRAR'S SIGNATURE
7/84	11	NIATARE /	O O D D PORESS	OLITA NA DE	C 3 0 4007	La Davidon - Pana
)	1	iylor lunera	y Chapel- Hinn	apolis MU Ut	100000	
		V		•		

DHMH - 16 60M 7/84 (VRA 15, 4)

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## STATE OF MARYLAND

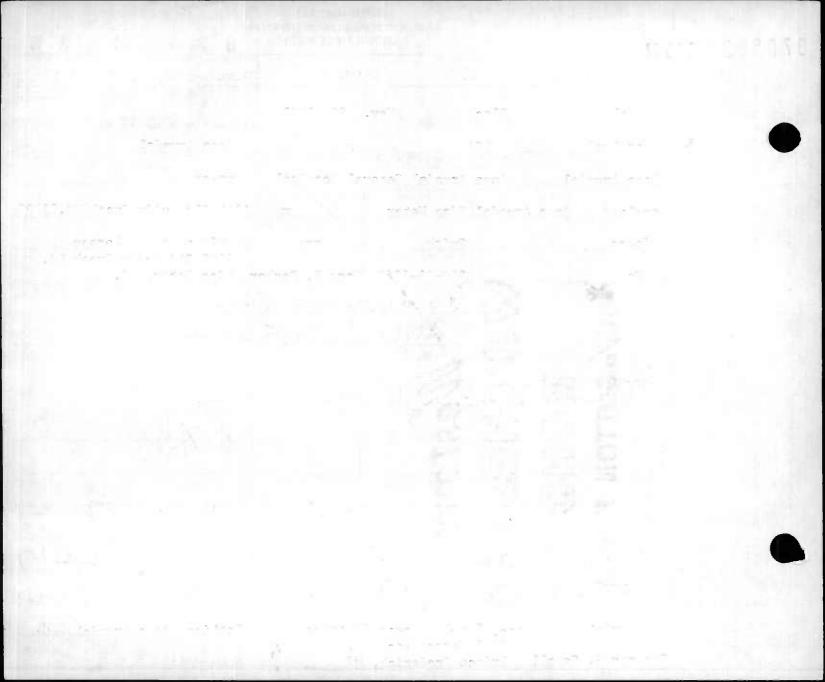
	1-	FOR STATE		DEPARTA		EALTH AND MENTAL HY	GIENE	E-m	plade	. 20 0	
53 DEC 3	1 8	REGISTRAR				ICATE OF DEATH	8 REG.	-	3	3 5 6	
0 0000		EASED NAME FIRST		NODLE	ı	AST	20. DATE OF DEATH	MONTH	DAY YEA	P 2b HOUR	
dee 3		William	m I		Sm	ith	December	24, 1	1987	0817 a	м
0	3. SE		4. RACE		S. DATE C		6. AGE (IN YEARS LAST O	HRTHDAY	MONTHS DA		
		Male	Black		Nov.	22 1897	90	YRS.	MONTHS DA	NYS MOURS MI	ч.
1		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	1		9 BALTIMORE CITY		Y OF DEATH		_
C N		Montal and	USA	4	WIDOWE	NEVER MARRIED	Anne Ar	labar.		THE	MD
2		Maryland TY OR TOWN OF DEATH				R OTHER INSTITUTION	12a USUAL OCCUPA		126. KIN	D OF BUSINESS C	OR.
5 -				FACILITY, GIVE STREET		1 77	(TYPE OF WORK FOR MOST	OF WORKING	LIFE) INDUST	RY	
2		nne Arundel AL RESIDENCE HE NURSING HOME				al Hospital	Farmer				_
22		TATE 136. COL	YTAL	13c. CITY OR TOW	N	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS			D 1 0100	-
E			Arunde1	Edge Wat	er	YES NO	4082 01d	Muddy	Creek	Rd.2103	/
FE //	19:37	THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	AME			LAST	
1182		James		Smith	100	Mary	Elizab		Dors		
medical		VAS DECEASED EVER IN U.S. A	RMED FORCES?	166. SOCIAL SECU	IRITY NO.	17. INFORMANT	4082 189	d Mud	dy Cre	ek Rd.	
il. the med	,	No	, and an extra	220-32-6	5260	Mary F. Park	er Edge Wa	ter.	Md.		
r Titte paratic remove prito burial, crematio	CATION	Conditions, if ony, which gove rise to immediate cause Ial, stoting the underlying cause last.  PAR OHER SIGNIFICAN:  19a DATE OF OPERATION	( lc)	shows	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CO			T Ita	
100	CERTIFICA	THE DATE OF OPERATION	in form	O LOK WHO!	OPERATIO		YES   NO	IN CERT	YES []	SES OF DEATH?	
Mentol Hyg	MEDICAL CER	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E  (IF EITHER NOTBY MEDICAL EXAMIN 214 INJURY OCCURRED	EATH HOUR A.F	M. MONTH DA	AY YEAR	211. LOCATION	RRED (ENTER NATURE OF IN	DRY IN ITEM 18	PART LORPART	2)	
open /	MEC	WHILE NOT WHILE AT WORK		DE INJURY EET, FACTORY, OFFICE, F	ARM, ETC )	STREET	CITY OR	IOWN	COUNTY	STATE	
off the State Dopt, of Health		22e.I certify that (I) (this has saw the deceased alive above, (I) (well-did) (did) (APSIGNATURE) (TYPE) (22d PHYSICIAN'S NAME (TYPE) (	on Nov not) view the body of	5- 190		at that in (my) touch opinion DECHE  ATTENDING PHYSICIAN  220. ADDRESS	death occurred on the			the couses stoted	7
# P = 1		URIAL, CREMATION, REMOVA	AL 236. DATE	23c. 1	NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN		COUNTY	STATE	
		Burial	Dog 25	8-87 Mc	1000 (	emetery	Lothian	Anna	Arund	of Md.	

DHMH - 16 50M 1/B1 (VRA 15, 4)

24 FUNERAL DIRECTOR 1451 Dares Beach Rd. Spencer E. Sewell

Prince Frederick, Md

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DEC 2 9 1987



eral director, page 3

physicion

STATE OF MARYLAND

DEPA

RT	MENT	OF	HEA	LTH	AND	MENTAL	HYGIEN
	CE	RTI	FIC	ATE	OF	DEATH	

111 6	MAURICE  A MALE  MAURICE  A RACE  MATYLAND  Maryland  Maryland  Maryland  Maryland  Maryland  Maryland  Maryland  Maryland  Annapolis  Alersidence (if nursing home drother institate middle first)  Maryland  Anne Arther's Name  First  Benjamin  WAS DECEASED EVER IN U.S. ARMED FOR (YES. NOOR UNKNOWN)  NO  III CAUSE OF DEATH (Enter only one compart 1. Death was Caused BY:  IMMEDIATE CAUSE  DUE  Conditions, if ony, which gove rise to immediate cause (o), stothing the underlying couse lost.  PART 2 OTHER SIGNIFICANT CONDITION  190 DATE OF OPERATION  191 ACCIDENT WAS UNDERLYING CORCONTRIBUTING CAUSE OF DEATH HO	DEPARI	TMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	8 REG. NO.	3 3 8 3 3				
	ECEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR				
(TYPE	PE OR PRINT)	TCE	SNYDER	Dec. à	26 1987 3:30				
3. SE	STATE REGISTRAR  CEASED NAME  MAURICE  A RACE  White  Whit		5. DATE OF BIRTH	& AGE (IN YEARS LAS BIRTHE -Y)	IF UNDER I YEAR IF UNDER 74				
-	Male		1 B 16	71.	MONTHS DAYS HOURS				
		76 CITIZEN OF WHAT COUNTRY	? 8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COL	UNTY OF DEATH				
		USA	WIDOWED DIVORCED	7 7	el				
1	Annapolis	(IF NOT IN SUCH FACILITY, GIVE STREET	ING HOME OR OTHER INSTITUTION ET ADDRESS) L General Hosp:	TYPE OF WORK FOR MOST OF WORK	ING LIFE) 126 KIND OF BUSINESS INDUSTRY Wholesale				
USU.	STATE 136 COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFO	DRE ADMISSION)		cope 2/403 od Circle #1				
	ATHER'S NAME		15 MOTHER'S MAIDEN	NAME					
		Snyde	er Lillie	3JODIW	Schocket				
160 \				ADDRESS	Denocket				
(	(YES, NO OR UNKNOWN) (#YES GIVE WAR OR DATES)								
	18 CAUSE OF DEATH (Enter of PART ), DEATH WAS CAUSE	nly one couse per line for (a), (b), a ED BY:	e allest		BETWEEN ONSET AND D				
	IMMEDIA	TE CAUSE (0)	e arresp		کونیونیکی				
		DUE TO, OR AS A CONSEON	HENCE OF						
			- 1 - 1 - 10		24 64				
		( 16) Ocele	- 1 - 1 - 10		24 les				
	gove rise to immediate couse (a), stating the		ores + Steerile	of swell-basel	track 10de				
NO	gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEON	VENCE OF ACAS		THE WAS NOTICE IN PART 110				
IFICATION	gave rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEON  (c) CONDITIONS CONTRIBUTING TO	VENCE OF ACAS	PERMINAL DISEASE OR CONDITION  200 AUTOPSY?  200 AUTOPSY?	AF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH				
L CERTIFICATION	gave rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CONSEON  (c)  CONDITIONS CONTRIBUTING TO  198 CONDITION FOR WHICE  216. TIME OF INJURY	UENCE OF A A A A A A A A A A A A A A A A A A	TERMINAL DISEASE OR CONDITION  200 AUTOPSY? 200	JF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH YES \( \) NO \( \)				
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BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending should be detached for use as the buriol-transit permit. Then please remove carbo with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or the

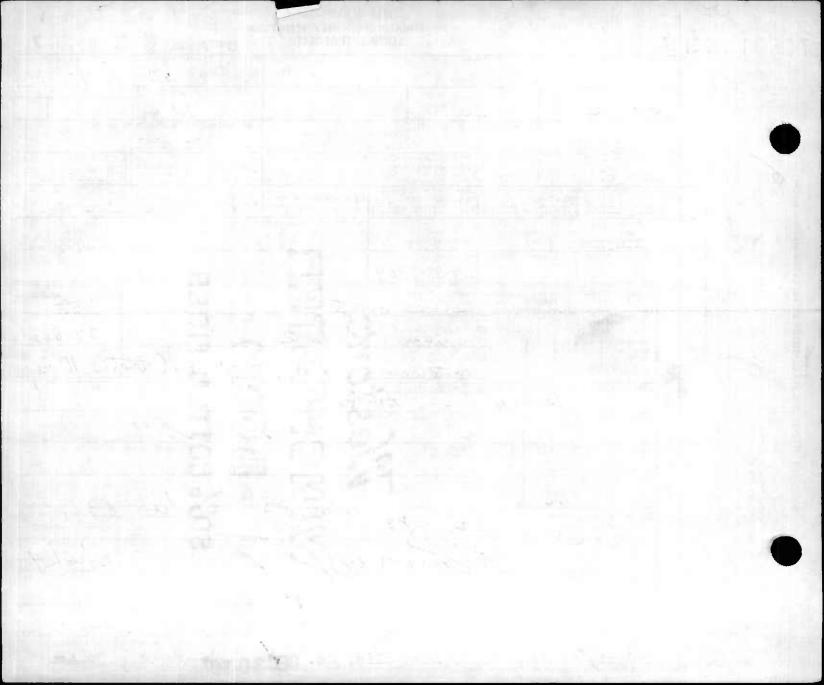
DHMH - 16 60M 7/84 (VRA 15, 4)

A. Arundel Md.

24 FUNERAL DIRECTOR

Annapolis A. Arunde.
REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 25a DATE REC'D.

Hardesty Funeral Home, Annapolis, Md.



Male  RIHPLACE (STATE OR FOREIGN 7b. CI  POLAND  ITY OR TOWN OF DEATH 11. P  Baltimore  AL RESIDENCE (IF NURSING HOME OR OTHER STATE 13b. COUNTY  A. A.  A. A.  ATHER'S NAME  FIRST  KONSTANTY  WAS DECEASED EVER IN U.S. ARMED I  (IF YES, GIVE WAR  CONDITION  18 CAUSE OF DEATH (Enter only one PART I. DEATH WAS CAUSED BY: IMMEDIATE CAI  CONDITION  CONDITION  PART 2 OTHER SIGNIFICANT COND  AL WORK  190 DATE OF OPERATION  216. ACCIDENT WAS UNDERLYING 10R COUNTY  217. ACCIDENT WAS UNDERLYING 10R CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)  218. INJURY OCCURRED 20 CAUSE OF DEATH (INJURY OCCURRED 11R)  AT WORK 1 NOT WHATE 1 1 CAUSE OF DEATH (INJURY OCCURRED 11R)  219. 1 certify that [1] (this trospitation of saw the deceased office on 10 county of the county of th		DEPARTA	MENT OF H	E OF MARYLANI BEALTH AND MEI ICATE OF DEA	NTAL HYG	HENE B RET.	NO	2 7 1	p '7 0	
CEASED NAME	ronislaus J. Sokolis Dec					20. DATE OF DEATH December	нтиом	1987	2b. HOUR	
Male		4. RACE Wh	Lte	5. DATE C		1900	6. AGE (IN YEARS LAST	BIRTHDAY]	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
	FOREIGN	76. CITIZEN OF	what country? . A.	8. MARRIE WIDOWE	D NEVER MAI	RRIED -	9 BALTIMORE CITY <u>OR</u> COUNTY OF DEATH Anne Arundel County			у мо
	altimore Meri			ng HOME C	nter institu	ITION	120 USUAL OCCUPA LLYPE OF WORK FOR MOS Chemical	TION TOF WORKING Opera	WEI INDUSTRY	of Business or emical
STATE	136. COU	INTY	GIVE RESIDENCE BEFORE 136. CITY OR TOW Baltimo	N	134 INSIDE CITY	LIMITS?	13e STREET ADDRESS		treet 21	.225
FIRST	nty	WIDDLE	Sokol	is	15 MOTHER'S M	ather:			Lask	si Kowska
VAS DECEASED EVER		RMED FORCES?	213-05-		17. INFORMANT Teresa			s 13e		
18 CAUSE OF DEA PART I. DEATH V	WAS CAUS	ED BY:	line for (a), (b), and		lar dio	40%	rath-		APPROX BETWEEN	OMSET AND DEATH
gave rise to im couse (a), state	mediote ng the	(b)_	RAS CONSEQUE RAS CONSEQUE Athero	NCE OF	erosis	fare	tions			
PART 2 OTHER SIG	NIFICANT	y farc	ONTRIBUTING TO D		en tia	THE TERM	stepart	hritions	1.	0
190 DATE OF OPERA	NOITA	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORM	ED	206 AUTOPSY?	IN CER	YES, WERE FINDI TIFYING CAUSES YES []	
OR CONTRIBUTING	CAUSE OF D	HOUR A.	OF INJURY M. MONTH DA M.	AY YEAR	21c HOW INJU	RY OCCURE	RED (ENTER NATURE OF IN	IJURY IN ITEM II	8 PART I OR PART 2)	
WHILE NOT W	HILE	21e. PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, F		211 LOCATION STREET	70	CITY OR	IOWN	COUNTY	STATE
sow the decea	sed alive a		100 19		DEGREE	19 Opinion	death occurred on the	date and h	our and from the	
1 ve	con	2.11	11		PH	SICIAN T	DIRECTOR PHY		4-	sec-0,

7e. 8

16a. V

CERTIFICATION

MEDICAL

injury, or other tra

230. BURIAL, CREMATION, REMOVAL Burial

12/5/87

23c NAME OF CEMETERY OR CREMATORY
Holy Cross Cemetery

Baltimore

A.A.

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by should be detached for use as the buriol-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to buriol, cr

MPORTANT: If hem 21 is morked or hem 18 sh

George J. Gonce 4001 Ritchie Hgwy Balto Md

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

- WILLIAM DESIGNATION

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FOR STATE REGISTRAR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	OF ATIL					

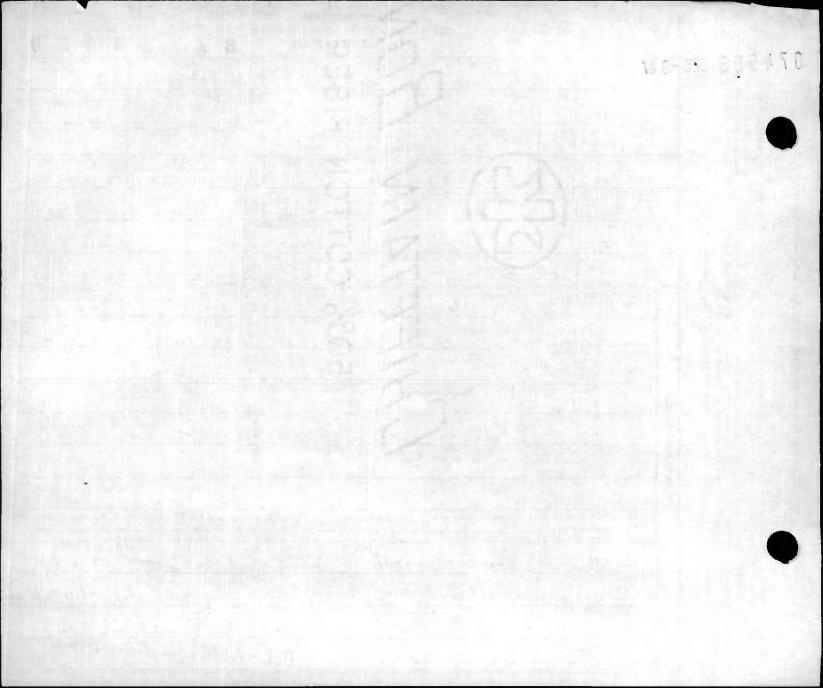
_								KEG, NO.	200	1.00	400	
	LQ:	ED NAME FIRST		MIDDLE	L.	ASI	20	DATE OF DEATH MONTH	DAY	YEAR	26 HO	JR
	3	Mary	J	ean	SOL	LEY		December 4	4, 19	87		P <sub>M</sub>
1	1. SEX	X STATE OF THE STA	4 RACE			5 DATE OF BIRTH		AGE (IN YEARS LAST BIRTHDAY)	IF UN	DER YEAR	IF UNDER	R 24 HRS
		female	whit	e	Apr	il 3, 1930		57 YR	S.	DAIS	HOURS	Wild
1	7a BI	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	XNEVER MARRIED	9	BALTIMORE CITY OR COU	NTY OF D	EATH		
		GA. USA			WIDOWE			AA Co.				MD
1	10. C1	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		ROTHER INSTITUTION		USUAL OCCUPATION  YPE OF WORK FOR MOST OF WORKIN		L KIND C	F BUSIN	ESSOR
)		Pasadena	843	2 Garland	Road		L C	Secretary (re			vil	Serv
		AL RESIDENCE (IF NURSING HOME OF		GIVE RESIDENCE BEFORE		134 INSIDE CITY LIMITS	52 113	STREET ADDRESS / ZIP CO	ODE			
П		MD	AA	Pasaden		YES NO XX		8432 Garland			211	.22
21	4 FA	ATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN	NAME	WIDDLE		IAS	1	
Я		Thurman		Hart		Leone	2	Model	Pı	uett		
7	16a V	VAS DECEASED EVER IN U.S. AL		166 SOCIAL SECU	RITY NO	17 INFORMANT	91	ADDRESS				
1	9		XXXXX	217/26/2	017	H. Kenneth	So.	lley (husband	) san	ne as	13	
2		18 CAUSE OF DEATH (Enter only one cause per line for ia), (b), and ic)								APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
		PART I. DEATH WAS CAUSE BY: Cardiopulmonary ARREST									n and i	ti
1				r as a conseque	NCEOE	1		Car District				100
1		Conditions, if any, which	10,0	AS A CONSEQUE	1 00%	1 ACIBIDION	10	RIGHT LUNG		- (	1241	10 0)
П		gave rise to immediate										
	underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF								158			
		(c)										===
	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN								I PART 1	0	
17	CERTIFICATION	190. DATE OF OPERATION	19b COND	TION FOR WHICH OPERATION WAS PERFORMED					YES, WE			
Œ	IFIC	10 A F 15					YES NOT YES			YING CAUSES OF DEATH?		
÷	ERT	210 ACCIDENT WAS UNDERLYING	7 21b. TIME C	FINIURY		21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY			Brand	D P 4 P 1 2 1	140 [	
Ž.	10000	OR CONTRIBUTING CAUSE OF DE		M. MONTH DA	YEAR		CORNED (ENSER NATURE OF INSURY IN THEM IS PART TORPART 2)					
	ICA	(IF EITHER NOTIFY MEDICAL EXAMINE		M.	19							
	MEDICAL	214 INJURY OCCURRED	21e PLACE	OF INJURY REET FACTORY OFFICE FI	ARM ETC )	211 LOCATION STREET		CITY OR TOWN	C	OUNTY		STATE
	•	AT WORK NOT WHILE										
		22a. I certify that (I) (this hosp	ital) attended th	e deceosed from_	Den		13	, to 5 22 T	. 19_6	1.	that (I) {	we) last
	23	sow the deceased alive or		atter death	, ar	d that in (my) (our) opin	nion dea	th accurred an the date and	haur and	fram the	causes st	ated
		above, (1) (we) total (did not) view the body after death  226. DATE SIGNATURE  DEGREE  220. DATE SIGNED										
0.		will	How	, -m	wn	ATTENDING PHYSICIAN		MEDICAL STAFF		12.	6.8	7
7		22d PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRESS		meeron C Trivoley C				
		Willian	1+,	Burn,	n bi	50h	-1	Hopkin	100	P: LI	1 /	) e. 1th, m
		BURIAL, CREMATION, REMOVA		and the same of th	NAME OF C	EMETERY OR CREMATO	RY	23d LOCATION				
	]	Burial	7 Dec	. 1987 G	len H	aven Mem Pk		Glen Burnie	AA	J.	MD	STATE
		UNERAL DIRECTOR	leelle	ADDRESS		25a	DATE R	CO 1087 REGISTRAD 256 REC	A RAP	SIC	U SARR	

DHMH - 16 60M 7/B4

(VRA 15, 4)

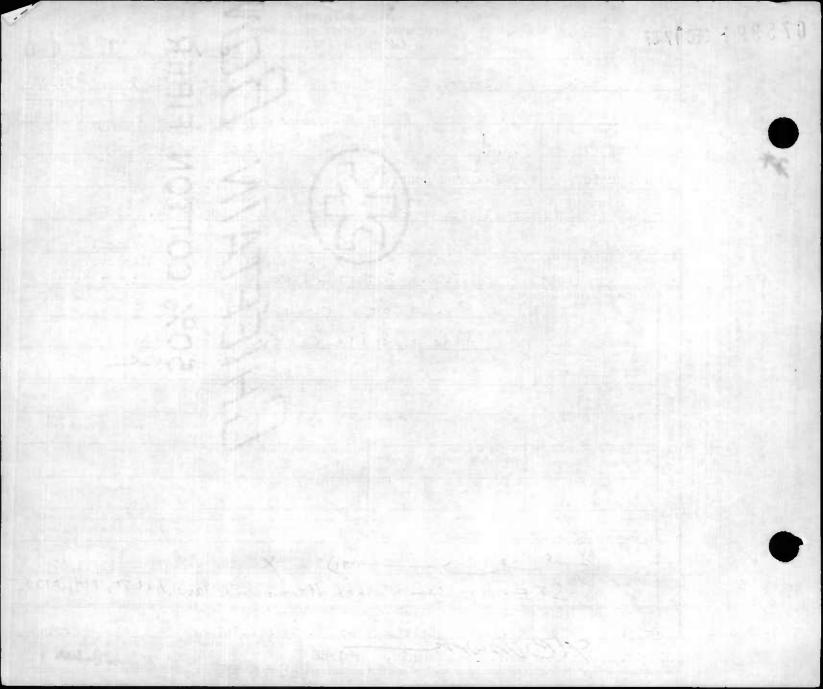
Singleton Funeral Home, Glen Burnie, MD

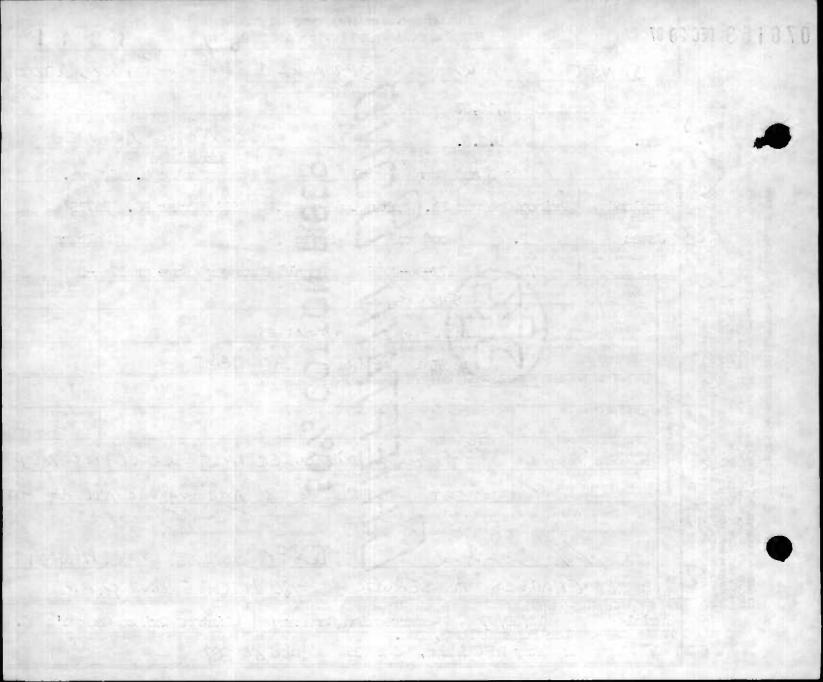
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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0	7 5 0			1					STAT	E OF MARYLAND				
U	153	9	DEC	17.	FOR			DEPARTA		EALTH AND MENTAL HY	GIENE			
				1	REGISTRAR				CERTIF	ICATE OF DEATH	8	REG. NO.	3 3	3 4 0
		eo F			CEASED NAME	FIRST		MIDDLE	1	AST	2a. DATE OF I	EATH MONTH	DAY YEAR	26 HOUR
	0.0	oge 3 death			Mari	e	F	arrell	S	pence	Decembe	r 10, 1	1987	3:30A M
	E	ter p		3. SE	(		4 RACE	The state of	5. DATE O		6. AGE (IN YEA	RS LAST BIRTHDAY)	MONTHS DAY	
	ge 4	ecto rs o			Female		White			mber 16,1917	70	Y	rRS	
	Po r	de de	50		RTHPLACE (STATE OF FO	REIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMOR	E CITY OR CO	UNTY OF DEATH	
	Sept	nerd	3	Ma	ryland		U.S.A.		WIDOWE	DIVORCED			County	MD.
	22	w te	- e	10 €	TY OR TOWN OF DEAT	Н	THE NAME OF THE STATE	WEACHITY CARESTREET	ADDRESSI	OR OTHER INSTITUTION	120 USUAL O	OR MOST OF WORK	12b KIND INDUSTR Own I	OF BUSINESS OR
201	0 5	by t	Je J		en Burnie		/885 G	Gordon Co	urt		Homema	ker	Own I	Home
21:	hoo	d do	100		AL RESIDENCE (IF NURSIN	IG HOME OF		134. CITY OR TOW		13d INSIDE CITY LIMITS?	13e STREET AL			
ANG	n 24	Fill Foul	me a	_	7	Anne	Arundel	Glen Bur	nie	YES NO X	7885 Go	rdon Ct	21061	
RYL	with	etely 12 s	Bio	14 FA	THER'S NAME FIRST		MIDDLE	£A5T		15. MOTHER'S MAIDEN N.	AME	MIDDLE	1	LAST
MA	ped	000	exo	_	Bernard		11 2 30	Adams	3.6	Anna			Vyskocil	
ORE	×eco	Poges	dicol		VAS DECEASED EVER II		MED FORCES?	166 SOCIAL SECU	IRITY NO.	17 INFORMAN Daug	10		Glen Ave	
TIM	9	s. Po	e medi		No	None		177.20.4	847	Jean E. Steve	ens Gl	en Burn	nie, Md.	
BAL	ote	paper	£ .		18 CAUSE OF DEATH	Enter ar	ly one cause per	line for ial, (b), on	dic		- 1	1000	BETWEE	DXIMATE INTERVAL
ST.,	rtific	d d d	9				E CAUSE (a)	(aco	Crac	· ane	11-	13.33		
ESTON	th ce	ndin	oric				DUE TO, O	R AS A CONSEQUE	ENCE QF	1 1	1			
EST	deo	ove	5 5		Conditions, if any, gave rise to imme		(b)	Aller	code	lewire (	aroli	1. Vadar	lai	
9.	the	the	her	100	couse (o), stating	the	DUE TO, O	R AS A CONSEQUE	ENCE OF		di	sca	se	
2	thot	d by	or of		underlying cause	last	((c)							
5, 2	Cires	en de	2,5	z	PART 2 OTHER SIGN	FICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE	OR CONDITION	N GIVEN IN PART	1 ca
DIVISION OF VITAL RECORDS	Per	c F		CERTIFICATION	19g DATE OF OPERATI	ON	Ties CONID	TION SOR WINCH	ODEDATIO	N WAS PERFORMED	20g AUTOF	cva lank	IF YES, WERE FIND	ONICS HEED
REC	ž	W 61 1	S on S	FICA	190 DATE OF OPERATI	ON	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED		INC	ERTIFYING CAUSE	ES OF DEATH?
TAL	The	ficote-ho	8 shows	E	210. ACCIDENT WAS UNDE	BIVING F	7 21b. TIME O	SE INTITION		Tale HOW IN HIRV OCCU		NO D	YES	NO 🗆
2	AN	tificate h			OR CONTRIBUTING CA	_			AY YE AR	21E. HOW INJURY OCCU	KKED (ENTERNATE	RE OF INJURY IN ITE	M 18 PART   OR PART 2	
0	SIC	s certification	Fen	MEDICAL	(IF EITHER NOTIFY MEDICA		P. 21e PLACE		19	211 LOCATION				
ISIO	PHY	this he b	edor	MEC	WHILE NOT WHILE			REET, FACTORY, OFFICE, F	ARM ETC )	STREET		CITY OR TOWN	COUNTY	STATE
20	N S	After os t	Jork		AT WORK AT WORK								2015	
		D.R.	is n		22a.t certify that (1) ( sow the deceased			e deceosed from_	~	nd that in (my) (our) apiniar	death accurred	on the date on		_, that (I) (we) last
-	R ATT	ECTO	3 2		abave, (1) (we) (di 22b. SIGNATURE	d) (did no	t view the bady	after death		DE GREE	, acam occorred			TE SIGNED
	No.	0 000	± 0		22 SIGIVATORE	- 8	0				MEDICAL DIRECTOR	STAFF		
	II A	ERAI e del	N	-	22d. PHYSICIAN'S NA	MF LIVES	D PRINT!							11/87
	HOSE	TO FUNERAL	DRT	-		Si	FIVI	11181	~	Los Ham	mend	laws , to	4 LTO, 1	6,21225
	0	TO To	IMPORTANT	220	UIDIAL CREATION O	F44.03/111	Table DATE	122	LAME OF C	EMETERY OR CREMATORY				
					SPECIFY)	EMOVAL				1	CITYO	RTOWN	COUNTY	STATE
	В	P			urial UNERAL DIRECTOR	117	pec.14	,198/ Bal	timor	e Nat'1. Cem			EGISTRAR'S SIGN	Maryland
		H - 16 60			ngleton En	něral	Home.	Glen Bur	nie. N	Maryland	THE CO. OT KE		Devider R	
		(VRA 15,	4)		9					DEP	A.C. 4007	Allean	Mercany. V.	3





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the funeral director, page 3 d within 72 hours ofter death

deoth. Poge 4 moy be

executed within

that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

FOR STATE REGISTRAR STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEN
CERTIFICATE OF DEATH

8 7 <sub>REG.</sub>	NO. 3	3	3	EST
20. DATE OF DEATH	MONTH	DAY	YEAR	26 HOUR
DECEMBED	20	100	7 1	hie r

I		EASED NAME	FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
l	(TYPE	WILLIAN	M Irvir	STAPE		DECEMBER 28.	1987 1015 PM M
Ì	3. SEX		4. RACE		OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS.
Į		Male	Wh	ite Apr		49 YRS	MONTHS DAYS HOURS MIN.
4	7a. BIR	RTHPLACE   STATE OF F	OREIGN 75 CITIZEN O	E WHAT COUNTRY?		9. BALTIMORE CITY OR COUNTY	OFDEATH
4	C	OUNTRY)		MARRIE	D NEVER MARRIED		
J		W Jersey	U.S.A	. WIDOWI F HOSPITAL, NURSING HOME (		ANNE ARUNDEL	126, KIND OF BUSINESS OR
1	211			UCH FACILITY, GIVE STREET ADDRESS)	OK OTHER INSTITUTION	(TYPE OF WORK FOR MOST OF WORKING LI	
1		EN BURNIE		ARUNDEL HOSPIT		Labor	Ceneral
1	USUA 13a. S	L RESIDENCE (# NURS	ING HOME OR OTHER INSTITUTIO	N GIVE RESIDENCE BEFORE ADMISSIONS	134. INSIDE CITY LIMITS?	13e. STREET ADDRESS	
4	Ma:	ryland	Charles	Whiteplains	YES NO E	492 Coastal Ave	nue 20695
J	N FA	THER'S NAME			15. MOTHER'S MAIDEN NA		
1	)	Irving	MIDDLE	Stape	Ida	WIDDLE	Oakley
Ŧ	16a. W		IN U.S. ARMED FORCES?			ther ADDRESS 270	Jacksonville Dr
ı		ES. NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)		BIO		
ď		Yes		1158.28.9858	Theodore R. S	Stape Persippa	
ı		PART I, DEATH W	H (Enter only one cause p	effine for (1) (5), and (c).)	en 1010000	FAILURE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ı		THE TOTAL OF THE T	IMMEDIATE CAUSE (0)	AFVIO WE	& I CAT OFY	7111414	
۱		1000	DUE TO.	DRAY A CONSEQUENCE OF	0.00	10 1	
1		Conditions, if ony,		MENSWE	CARCINOMET	0>12 WUM	
1		gave rise to imn		A CONSCOUENCE OF	245 1	A . A Ancin	
1		underlying couse		Viewill ?	PTUSION	HNY) AXUE	*
1		PART 2 OTHER SIGN	NIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIV	VEN IN PART 1(g
1	Z						
Н	ATK	No DATE OF OPERAL	196 CON	DITION FOR WHICH OPERATIO	N WAS PERFORMED	20g AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED
1	CERTIFICATION	12/21	418/ 40	UTE AROTHE	N		FYING CAUSES OF DEATH?
4	ERT	21a, ACCIDENT WAS UND	DEPLYING TO 12 LANE	OF INJURY	121: HOW IN ILIPY OCCUP	YES NO YE	ES NO
1		OR CONTRIBUTING	110110	A.M. MONTH DAY YEAR	THE TIOW WASON OCCOR	( ENIER MATORE OF INJURY IN HEM 18 1	PART T OR PART 2
ı	MEDICAL	( IF EITHER NOTIFY MEDI		P.M. 19			
ı	AED.	21d. INJURY OCCURE	(AT HOME	E OF INJURY STREET, FACTORY, OFFICE, FARM, ETC 1	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
1	-	AT WORK AT WOL	HILE RK		122 80	1 1-1	
ı		22a.1 certify that (1)	(this hospital) attended	the degeosed from	15, 19.01		19, that (1) (we) lost
1		sow the decease	ed alive an	2X 19X / o	and that in (my) (our) opinion	death occurred on the date and hou	ur and from the causes stated
		226. SIGNAPTORP) A	sid / (did not) view me ove	y oner deam.	DEGREE		17. DATE SIGNED
1		111	5/1/1		ATTENDING	DIRECTOR DHYSICIAN	12179127
H		274 PHYSICIAN'S	AME ITTE CE PRINT		112 ADDRESS		11-101
9		1			4730	MOUNTAIN RD., S	UITE 1-4
-		PIOC	TAMESON & CRESCY			MARYLAND 21122	
		URIAL, CREMATION,			CEMETERY OR CREMATORY	23d LOCATION  CITY OR TOWN	COUNTY
		Cremat	ion Dec./	30,1987 Securi		Catonsville	Maryland -
	24 FU	INERAL DIRECTOR	4/19/1/11	ADDRESS.	25a. DA	TE REC'D. BY REGISTRAPIA MAREGIN	SAMESING OFF
	Si	ngleton Fu		Glen Burnie,	Md. UE	031 1901 9	

DHMH - 16 50M 1/81 (VRA 15, 4)

BP

TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely should be detached for use as the buriol-transit permit. Then please remove corbangopers. Pages I and 2 should the detached for use as the buriol-transit permit. Then please remove corbangopers. Pages I and 2 should the prior to buriol, cremation, or removal.

MAPORTANT: If them 21 is marked or hem 18 shows any injury, or other traumatic event, the medical examples.

16 m. 48 mg/

TO A SALE OF THE S

STATE OF MARYLAND

Glen Haven Mem. Park

CITY OR TOWN

Glen Burnie

25a. DATE REC'D, BY REGISTRAR 25b. REGISTRAR'S SIGNATUR

A.A.

Maryland

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP

(SPECIFY)

24 FUNERAL DIRECTOR

Burial

12/11/87

Hubbard Funeral Home, Inc., 4107 Wilkens Ave.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR 20 DATE KNOWN DECEASED NAME (TYPE OR PRINT) ESTI-DEATH MATED Paul Steinbach 1819 87 SEX 4 RACE DATE OF BIRTH 6. AGE IN YEARS IF UNDER 1 YR 2c. DATE **PRONOUNCED** 6:46 DEAD 1819 87 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Anne Arundel County 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION KIND OF BUSINESS Anne Arundel General Hospital Annapolis 13d. INSIDE CITY LIMITS? Daryland 160. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS (IF YES, GIVE WAR OR DATES) CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES S TO THE OF HOURD BE ! NO L 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211 LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.1 CITY OR TOWN COUNTY STATE X 27a. I certify that I taak charge of the remains described above, held on Inspection Natural causes XX death resulted from Undetermined manner TILE (SPECIFY) DATE 12/19/87 Assistant SIGNATURE Mario F. Golle, Jr, M.D. 111 Penn St. Balto, MD. ADDRESS 07/84 DHMH - 17 lia Davidern Randalls (VR A15 ME (5)) Honapolis Mi

76672 12 4:11 and the analysis of the And the second of the second o End designed in the Manager of the M Grow De boother De Millrober Och Mill soil mortemary The Is a like the state of the sand roll of

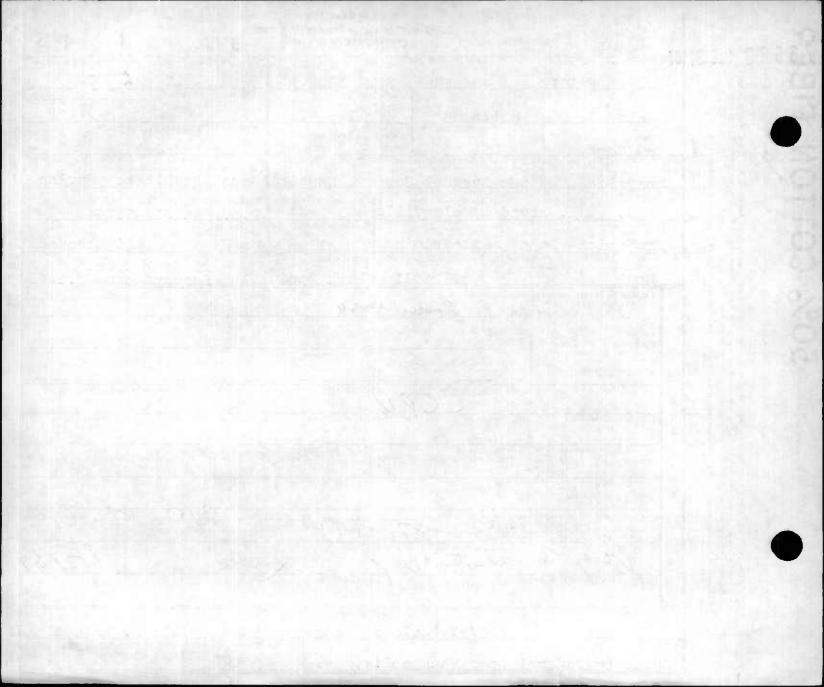
ST	ATE	OF	MA	RYL	AND

8	REG. NO.	3	3	3

	1 -	STATE REGISTRAR	VELAN	CERTIF	ICATE OF DEATH	8 Zeg. N	o. 3	3 8	4 5
		CEASED NAME FIRST	MIDDLE	(.	AST	20. DATE OF DEATH	MONTH D	AY YEAR	2b HOUR
1	,	ERI	IC JOSLYN	ST	EINLEIN		12 2	5 87	М
Ī	SEX		4 RACE	S. DATE C	F BIRTH	6 AGE (IN YEARS LAST BIR		IF UNDER YEAR	IF UNDER 24 HRS
1		Male	White	4	18 04	83	YRS	DATE DATE	MIN.
Λì		RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTR	Y? 8	NEVER MARRIED	9 BALTIMORE CITY O		OF DEATH	
1		Vew York	USA	WIDOWE		Anne Ar	labau		MD.
1		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE	ING HOME C	R OTHER INSTITUTION	120 USUAL OCCUPATI	ON F WORKING LIFE	INDUSTRY	F BUSINESS OR
4	Ar	nnapolis	Anne Arundel	Gene	ral Hospita	lNaval Ar	chite	ect Ma	arine
1	BSUA IJu. S	TATE 136 CC		ville	13d INSIDE CITY LIMITS?	P.O. BOX		20764	
i	MEA	THER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NA				7 - 7 - 7
4	11	Frederick 3	John Steinl	ein	Alice	MIDDLE		Light	bound
1		VAS DECEASED EVER IN U.S.		CURITY NO.	17 INFORMANT	ADDRE	SS	Court	
ı	{ }	NO (IF YES	GIVE WAR OR DATES) 084126	421	Mark Stein				d.20650
Ì			anly one cause per line for (a) b),		LIGIN DOCL	TOTAL TIECO	палил		MATE INTERVAL ENSET AND DEATH
1		PART I. DEATH WAS CAL	JSED BY:	und	nio			BETWEEN	NOET AND DEATH
1		IMMED	DIATE CAUSE (a)	COFFE	7				
1			DUE TO, OR AS A CONSEC	UENCE OF				47.5	
1		Canditions, if any, which gave rise to immediate	(b)						
ı		cause (a), stating the	DUE TO, OR AS A CONSEC	UENCE OF					
1		underlying cause last.	(c)						
ı	NO	PART 2 OTHER SIGNIFICAN	NT CONDITIONS CONTRIBUTING TO	D DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	EN IN PART 1ro	
d	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	HOPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b IF YES,	WERE FINDIN	GS USED
1	H					YES T NOT		YING CAUSES	OF DEATH?
4	E 25	210. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY		21c. HOW INJURY OCCURE				
ı		OR CONTRIBUTING CAUSE OF							
١	MEDICAL	21d INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19	211 LOCATION				
1	뿧		(AT HOME, STREET, FACTORY, OFFIC	E. FARM ETC )	STREET	CITY OF TO	WN	COUNTY	STATE
1		AT WORK AT WORK				12/		97	7
ı		the deceased alive	an 19	0 -	d that in (my) (aur) apinian	death occurred on the de	ate and haur	and from the	that (I) (we) last
ı		The Signature	nat) view the body after death.		DEGREE			The DATE !	SUÉNIED /
ı		(/ Ruy	An Littlemen +	Ben	ATTENDING PHYSICIAN F	MEDICAL STA		121	5867
Н		774 PHYSICIAN'S RAME WITE	re-carrend)	y	122e ADDRESS	DIRECTOR   PHYSIC	, IAIN [	1	-0101
			(C WOLVEY)	- 3-				1	/
1		SURIAL, CREMATION, REMOV	/AL 23b. DATE 23	. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE
1		Burial	12/28/87	Salowa	y Cemetery	Galesvi			
1	24 FL	INERAL DIRECTOR	ADDRESS		250 DAT	E REC'D. BY REGISTRAR	256. REGISTR	RAR'S SIONAIN	JREE .

DHMH - 16 60M 7/84 (VRA 15, 4)

Hardesty Funeral Home, Annapolis, Md. 15030 1087



STATE OF MARYLAND

and the same of the same bend ## 1 S C R 1 S T L C 1 P L C 1 CASTO THE ASSESSMENT THE STATE OF Stay Mayor In Stay of States States Paralleland I with the state of the state of the ASTANT SUSTAND SET WASTE LINE MANAGER MET TO LONG AND A SECRETARY OF THE PARTY OF THE P LA STREET, NAS-TANKED SEED

requires that the death certificate be executed within 24 hours after death. Page 4 may be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

DHMH - 16 50M 1/81 (VRA 15, 4)

FOR STATE

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

3	7 REG. N	3	3	3	AST EST
TE O	E DE ATH	ANCONTH	DAY	VEAR	25 110

-	REGISTRAR		CENTIII	CAIL OF DE	AIII	REG. N	10.	0 10	EST	
I.O.E	CASED NAME FIRST	WIDDLE	- L	AST		20. DATE OF DEATH	HINOM	DAY YEAR	26 HOUR	
(TIPE	WILLIAM	THOMAS	STOKES			DECEMBER	03. 1	987 4	43 PM	
3. SE)	х	4. RACE	5. DATE O			6. AGE (IN YEARS LAST BI		IF UNDER 1 YEAR		
1	MAle	white	MONTH 06	35	PAR 93	94	YRS.	MONTHS DAYS	HOURS M	
	RTHPLACE   STATE OF FOREIGN	76. CITIZEN OF WHAT COU	NTRY? 8.	_		9. BALTIMORE CITY		OF DEATH		
	COUNTRY)	LANK	WIDOWE	NEVER M.	ORCED	ANNE ARU	NDFI.	COUNTY		
	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, I	VESTREET ADDRESS)	R OTHER INSTI		120 USUAL OCCUPAT	ION	126. KIND (	OF BUSINESS	
	EN BURNIE	NORTH ARUNDET		با		retired	RAILAC	PRD.		
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2	(IF TES, C	TIG-	03-8346	pt 1	1 hax	T.				
	18. CAUSE OF DEATH (Enter of	only one couse per line for (a).	(b), and (c).)	1				APPRO)	XIMATE INTERVAL	
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TION	PART 2 OTHER SIGNIFICANT	rlen							art.	
CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATION	N WAS PERFOR	MED	YES NO	IN CERTIF	S, WERE FINDI FYING CAUSES S		
	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ☐ CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN		TH DAY YEAR	21c HOW INJ	JRY OCCURRE	ED (ENTER NATURE ÖF INJI	JRY IN ITEM 18 (	PART 1 OR PART 2)	10	
MEDICAL	214 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	211. LOCATION STREET	N	CITY OR TO	OWN	COUNTY	STATE	
	220.1 certify that (1) (this haspital) attended the deceased from									
	sow the deceased alive on									
	obove (N. (A) (did not) view the body offer deoth.  27b. SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN								SIGNED	
	274. PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS		MOUNTAIN R				
	LAWRENCE R. SI	WINK. M.D.		PASAD		ARYLAND 21				
- (	BURIAL, CREMATION, REMOVA (SPECIFY) REMOVAL	12-7-87	23¢ NAME OF C	EMETERY OR CI		23d LOCATION CITY OF TOWN		COUNTY	STATE	
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285 DEC-8	87	FOR		DEDADTA		E OF MARYLAND	HENE		
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poge 3		EASED NAME FIRST HEYMA		MIDDLE	5	TOTO-	20. DATE OF DEATH	MONTH DAY Y	7 P HOUR
softerd	3. SEX		4. RACE	ITE	5. DATE C		6. AGE (IN YEARS LAST BIR		TYEAR IF UNDER 24 HRS
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led within		MASS. IY OR TOWN OF DEATH  JNAPOLIS	(IF NOT IN SUC	H FACILITY, GIVE STREET .	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION DE WORKING LIFE) INDU	IND OF BUSINESS OR
Id be file	USU A 130 S	L RESIDENCE (IF NURSING HOME OF TATE 136. COU	ROTHER INSTITUTION, NTY	13c. CITY OR TOW	ADMISSION)	130 INSIDECITY LIMITS?	PROFESSO 13e. STREET ADDRESS		VFL ACAD
exomine of		1D. A.Z THER'S NAME FIRST HERMAN GUS	WIDDLE	LAST.		YES NO X 15. MOTHER'S MAIDEN NA		UITH LR.	21012 4AST
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hos been signed by a permit. Then please one prior to busing, at all ones only injury, at all	CERTIFICATION	PART 2. OTHER SIGNIFICANT  Severe 190 DATE OF OPERATION	her mas	told ar	Mri Ti		AINAL DISEASE OR CON  200 AUTOPSY?  YES \( \) NO \( \)	20b. IF YES, WERE F	ART Iro
ha certificate bu certificate busingly and Amendal Hyg or hem 18 th	MEDICAL CER	210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING  CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d, INJURY OCCURRED	ATH HOUR A.	M. MONTH DA	19	211. LOCATION STREET	RED (ENTER NATURE OF INJU		5 62
OR, Atter 1 use as the Health on is morked	W	WHILE NOT WHILE AT WORK  270.1 certify that (I) (this hasp	pital) attended th	e deceased from_		nd that in (my) (our) apinion	10 12/4	19.8	, that (I) we) last
AL DIRECTO		sow the deceased office or obove (i) per (and) used no	Frur	ofter death.		DEGREE	MEDICAL STA	220	DATE SIGNED
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50M 1/B1 15, 4)		NERAL DIRECTOR State Anatomy	y Board	ADDRESS Bal	to.,	111-	RECD. BY REGISTRAR	756 REGISTRAR'S SI	CHAMPINA

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- 少品為<		Annapolis	1 IF NOT IN SU	Arunde	T ADDRESS]			OR MOST OF WORKIN	NG LIFE) INDUST	RY
	USU.	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION		RE ADMISSION)	13d. INSIDE CITY LIMITS		DRESS / ZIP C	. )	estaurant
AND 22	130.		AACo.	Edgew		YES NOX		Midlan	1	102/
ARYL withir	14 F/	THER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S MAIDEN		MIDDLE		LAST
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ow ramit.	CERTIFICATION	190 DATE OF OPERATION	19b. CONE			N WAS PERFORMED	294 AUTOP		FYES, WERE FIN	NDINGS USED
The triangle of the state of th	RTIF	N/A	-			10.	YES 🗍	NOX	YES	NO 🗆
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Or or or see of the se		22a I certify that (I) (this hasp	(tal) attended t	he deceased fram		1981	) to Dec	cember.	30,087	that (1) ( <del>)</del> last
Spital Spital CTOR		sow the deceased alive on above, (I) (did no	DEECM	y after death.		nd that in (my) (auch opin	non death accurred	an the date and		
OR JOR Porched		226 SHGNATURE / 11	11/.	,	10	DEGREE ATTENDIN	G. ₄MEDICAL	STAFF		ATE SIGNED
by the by the by the by the by the by the bed detected by the bottom by the by		22d. PHYSICIAN'S NAME 1999 C	1 KM	Der /	N	PHYSICIA 22e ADDRESS	MEDICAL DIRECTOR	PHYSICIAN _	12	c. 31,1701
O HOSPITA eformed by TO FUNERA should be de with the Stot MPORTANT		Charles W	Kin	zer.M	D	1933 For	st Drive	Am	apolis	MD.
OF OF WAR		BURIAL, CREMATION, REMOVAL	, , , , , ,		NAME OF C	EMETERY OR CREMATO			The last	1 1 1
BP		Burial	1-4	-87 C	edar	Hill Cem.		tland	PGCO.	Md

Hardesty Funeral Home Annapolis

STATE OF MARYLAND

DHMH - 16 60M 7/84 (VRA 15, 4) 24 FUNERAL DIRECTOR

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And completely filled in by the funeral director, page 3 Pagers, and 2 should be filed within 72 hours after death

Attention certificate has been signed by the attending physicion, use as the buriel-tronsit permit. Then please remove corbon papers. Permit and Memory Hygiene prior to buriol, cremation, or remayol.

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF BEATH

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67-	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	10.	J	13	of P	5
	CEASED NAME	FIRST	MIDI	DLE	L	AST	20. DATE OF DEATH	MONTH	OAY	YEAR	26. HOUR	?
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3. SEX			RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BE			RIVEAR	IF UNDER 2	
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	ennsylvani Tyoktownofde		USA I. NAME OF HO	SPITAL NURSIN	WIDOWE	OR OTHER INSTITUTION	12ª USUAL OCCUPAT	ARLINI	12b	KINDO	BUSINE	SS
			(IF NOT IN SUCH F	ACILITY, GIVE STREET	ADDRESS)		(TYPE OF WORK FOR MOST	OF MRIENC	NFE) IND	USTRY		
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	STATE	136. COUNTY		C. CITY OR TOW		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS					
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14. FA	THER'S NAME	MI	DDLE	LAST		15 MOTHER'S MAIDEN NA	ME			LAST		
1	Claude			Sykes		Tillie			I	Karu		
	VAS DECEASED EVER		D FORCES? 16	b. SOCIAL SECU		17 INFORMANT (Wif	e) ADDR	ESS				
{Y	YES, NO OR UNKNOWN)	JIF YES, GIVE V	VAR OR DATES)	213.16.6	276	Margaret E.		Came	e as	#12		
	IS CAUSE OF DEAT					nargarec n.	Букез	Danie			AATE INTERV	VAE
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DHMH - 16 50M 1/81 (VRA 15, 4)

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### ST. OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE

ZREG. NO.	3	3	8	5
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I	, ,	REGISTRAR				CERTIF	CATE OF DEATH	REG. NO.	5 5 5	5 .
Ì	WP56	SED NAME FI	RST ,	N	IDDLE	L	AST	20. DATE OF DEATH MONTH	DAY YEAR	26. HOUR 10
۱	n.a	Jose	Phin	10)		557	ulinski	12	-7-87	12 AM
Ì	1 5EA		4 R/	ACE		5. DATE O	FBIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	
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t	7a BIR	RTHPLACE (STATE OR FORE	IGN 7b C	ITIZEN OF V	VHAT COUNTRY	? 8	П. изика и и ваше в В	9. BALTIMORE CITY OR COL	INTY OF DEATH	
ł	couMaryland U.S.A.					WIDOWE	NEVER MARRIED DIVORCED	Anne Ar	undel Cou	inty MD.
Baltimore  11. NAME OF HOSPITAL, NURS  Weridian Nursi			ING HOME O ET ADDRESS) NG HOME	e Hammonds	120 USUAL OCCUPATION  ETYPE OF WORK FOR MOST OF WORK  Housewife	of Business or Maker				
Ì	13a S	AL RESIDENCE (IF MURSING) TATE LTYLAND	HOME OR OTHE COUNTY A.A		GIVE RESIDENCE BEFO 13c. CITY OR TO Baltim	WN .	YES NO XX	13e.STREET ADDRESS / ZIP ( 8 West 15th	Ave 2	21225
Ī	14. FA	THER'S NAME John	MIDDI	LE	Cisc	ewski	15. MOTHER'S MAIDEN NAM	WE		SI
f		AS DECEASED EVER IN L			166. SOCIAL SEC	URITY NO.	17 INFORMANT	ADDRESS	2122	5
l	{Y	ES NOOR UNKNOWN) (11	FYES, GIVE WAS	R OR DATES)	220-44	-9264	Jane Szulin:	ski 101 Wallac		
	N	2/	the ast	(b) DUE TO, OR (c)	AS A CONSEQUENTRIBUTING TO	UENCE OF	NOT RELATED TO THE TERM	Describe Mal Disease OR CONDITION	GIVEN IN PART 1	Jen,
1	CERTIFICATION	190 DATE OF OPERATION	1	196 CONDI	TION FOR WHIC	H OPERATION	N WAS PERFORMED	280 AUTOPSY? 206.	F YES, WERE FINDS ERTIFYING CAUSES YES	INGS USED S OF DEATH?
1	0.000	210. ACCIDENT WAS UNDERLY		21b. TIME OF HOUR A./		DAY YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITE	M 18 PART   OR PART 2)	
1	MEDICAL	(IF EITHER, NOTIFY MEDICAL &	XAMINER)	P./		19				
ı	MED	214 INJURY OCCURRED  WHILE NOT WHILE AT WORK		21e. PLACE (	OF INJURY EET, FACTORY, OFFICE	FARM, ETC)	21f LOCATION STREET	CITY OR TOWN	COUNTY	STATE
I		220 I certify that (I) (thi	is haspital)	attended the	dereased from	6	19.84	1. 10 /2 - 7	1907	, that (I) (we) last
ı		saw the deceased of	did nati fie	w the body	19_ ofter death.	87. on	d that in (my) (aur) apinian o	death accurred on the date and	d hour and from the	e couses stated
		Kolds	nlo	2.	Hoe	ont	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	221 DATE	SIGNED 87
		Rofan's NAME	AYPE OR PRIM	1. 6	1000	Sup	767 E.	Fortare	ple 2/2	ad
		URIAL, CREMATION, REA	AOVAL 23	12/11	1-		ross Cemetery	Baltimore	A.A.	STATE Md

DHMH - 16 50M 4/83 (VRA 15, 4)

George J. Gonce 4001 Ritchie Balto Md

250. DATE REC'D, BY REGISTRAR THE REGISTRAR'S LEGISLATURE.

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR CH OR PRINT) HEDY M. DEATH MATED TESTER 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS IF UNDER TYR. IF UNDER 24 HRS 2c DATE 54 VAG GaucasianAPIRL 15, PRONOUNCED Female 12-10-87. 8:27p DEAD 76 CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! Anne Arundel County New York D 3TO THE P.
TAIN PAGE 5.
JID BEFILED. O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY North Arundel Hospital Glen Burnie Homemaker own home USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 136 COUNTY Maryland Gambrills 1842 Russell Road Anne Arundel 21054 YES KIK NO 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST FIRST Charles Angermann Naomi Udkovitz 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT 9507 ASPESS Shadow 21046 220-68-5625 Denise L. Tester Columbia, Maryland 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Thoraco-abdominal injuries IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PEN-PAGE 4 SHOULD BE FORWARDED TO THE CHIFF MEDICAL EXAMILES FOR **CHIPERALD BECTOR**: PAGE 3 SHOULD BE USED AS A BURIAL-TRA-TERIPEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MEDI BALTIMORE, M. A. MAND/21201 PRIOR TO BURIAL, CREMATION, G. P.E. gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 7:50P driver of an auto/auto head-on collision 21e PLACE OF INJURY LATHOME 211 LOCATION 21d INJURY OCCURRED hamy . Rt. 170 and Stoney Run Road WHILE AT WORK 220. I certify that I took charge of the remains described above, held an Suicide Hamicide Undetermined monner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 12-11-87 SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. 111 PennStreet Baltimore, MD TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236 DATE 236, NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial 18, 1987 Arlington National Cem. Arlington, Arlington, Virginia 16000 Annapolis Road 250. DATE REC'D. BY REGISTRAN 250 REGISTRANS BIGNAND COMPANY COMPANY OF THE PROPERTY OF THE PR **DHMH - 17** Bowie, MD 20715-3043 (VR A15 ME (5))

STATE OF MARYLAND

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certificate

DIRECTOR: hospital

HOSPITAL

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TO FUNERAL DIRECTOR should be detached for u

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# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR STATE REGISTRAR CERTIFICATE OF DEATH 26 HOUR I. DECEASED NAME (TYPE OR PRINT) SYLVIA IF UNDER I YEAR 4. RACE 5. DATE OF BIRTH IF UNDER 24 HRS 3. SEX MONTH MONTHS DAYS CAUCASIAN 9 BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED Anne Arundel Co. BALTIMORE, Md. DIVORCED WIDOWED 126. KIND OF BUSINESS OR 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Meridian Nursing Home -Hammonds INDUSTRY Linthicum, Md resser lothing Mfg. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION COUNTY Baltimore 13d. INSIDE CITY LIMITS? 5527 Todd aryland Ave. Balto. Md.21206 NO [ IS MOTHER'S MAIDEN NAME 4. FATHER'S NAME Maryanna MIDDLE Walczuk Jankiewicz Joseph ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Oscar S. Thomas 5527 Todd Ave. Balto. 21206 215-05-9959 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY OPULDONAU IMMEDIATE CAUSE (0), DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 190, DATE OF OPERATION 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 196. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOIX YES T NO T 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 22a.1 certify that (1) (this tospital) attended the deceased from and that in (my) (aut) opinion death occurred on the date and hour and from the causes stated e body after death 77MSIGNATURE 22c DATE SIGNED DEGREE ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 224. PHYSICIAN'S NAME (TYPE OF PRINT) 22e. ADDRESS LINITHICUM, D 1+AVER 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Baltimore, Maryland STATE ISPECIFY) Burial 12/24/87 St. Stanislaus Cemetery 24 FUNERAL DIRECTOR

DHMH - 16 25M

George A. Weber & Sons Inc. 7050 S. Ann St. 21231 (VR A 15 (4) ) 9/74

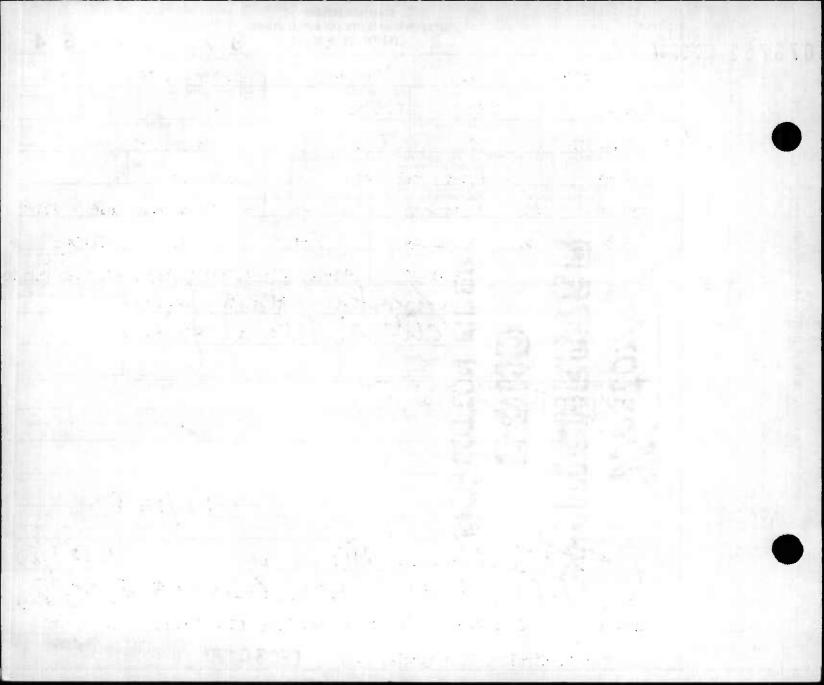
BY REGISTRAR 256. REGISTRARIS SIGNATURE

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SE,	Gecon	dico.		VAS DECEASED EVER IN U.S. AF	MED FORCES?	16b. SOCIAL SE	CURITY NO.	17 INFORMANT		ADDRES	5			21061
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	that the death certific	d by the attending physic lease remove carbonpape ial, cremotion, ar removal. or other traumatic event,		PART I. DEATH WAS CAUSE IMMEDIA  Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	DUE TO, OR	AS A CONSEC	uno.	nie Re	val	E fr	lu	4		
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DHMH - 16 60M 7/84

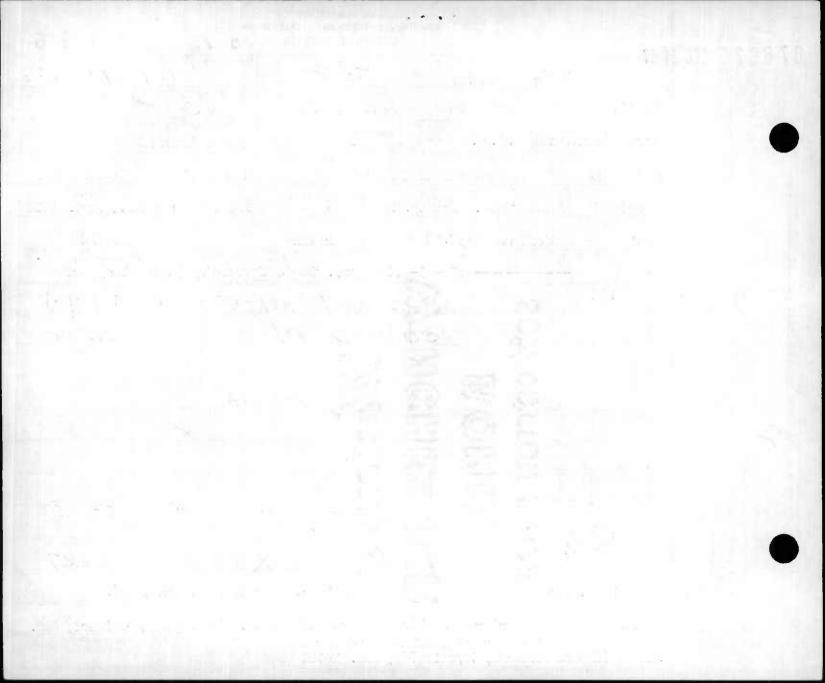
James S. Kirkley, Glen Burnie, MD (VRA 15, 4)



4739 Baltimore Avenue, Hyattsville, Md. 20781

(VRA 15, 4)

STATE OF MARYLAND



					STAI	E OF MARYLAND						
1.	FOR STATE			DEPARTI	MENT OF	HEALTH AND MENTAL HYG	GIENE	wy m		700		
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	Lloyd		wittons.	P1ym		Emma	M-DDCE		Sypo	ld		
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	278.1 certify that (I			e deceased your_	12	-20 1001	10_12-	28 19	-	that (I) (we) last		
	sow the decear above, (I) (we) (				- 0	and that in imy (our) opinion	death occurred on the o	late and hour ar	No. of Street,	COMMUNICATION.		
	77% SIGNATURE	4	11	7	-	DEGREE ATTENDING	MEDICAL STA	er.	27t DATE	8-87		
	-	~	1/1		/	PHYSICIAN [	DIRECTOR   PHYS	CHN	12-0	8-0/		
	724 PHYSCIANS N					224. ADDRESS						
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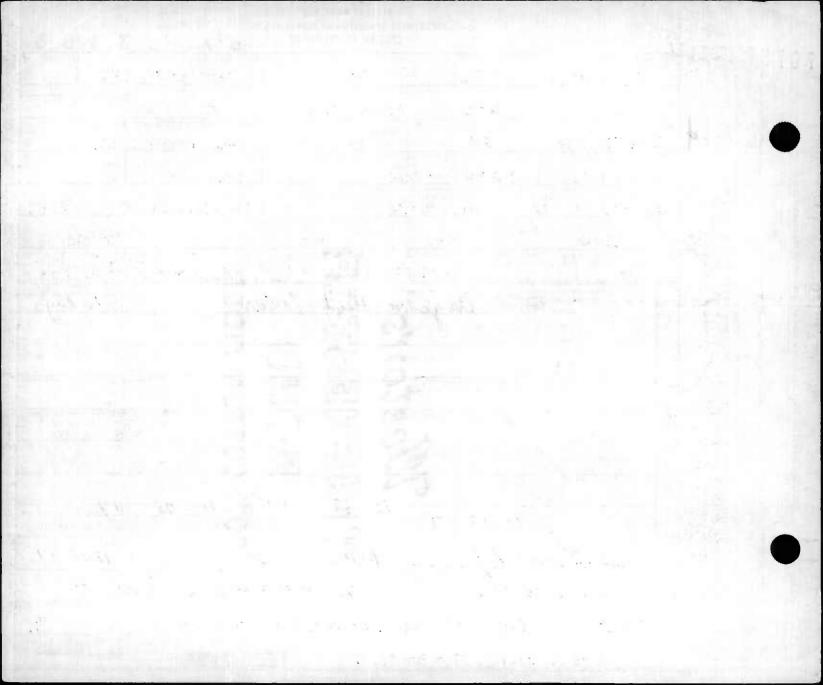
James S. Kirkley, Glen Burnie, MD

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL

TO FUNCEAL DIRECTOR, After this certificate has been ugmed by the ottending physics should be detached for use as the bursal traitur permit. Then please remove carbon paper with the State Dept of Health and Merital Hygiere prior to burial, cremation, or removal, MACATANT, it from 21 is marked or fem. If shows any rightly, or other trainmatic events, the

DEC 31



STATE OF MARYLAND

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E	RTI	FIC	ATE	OF	DEATH	

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1	REG.	NO.	1

12b. KIND OF BUSINESS OR INDUSTRY

Household

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

7 REG.	NO.	3	3	8	5	
E OF DEATH	MC	NTH	DAY	YEAR	2b.	HOU

31 7		REGISTRAR			CERTIF	ICATE OF DEATH	8 REG. N	0. 5 13	U	2 /
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3. 5	SEX		4 RACE	Table 1	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF UP	NDER I YEAR	IF UNDER 24 H
	t	e	Whit	e	Apr	il 4 1920	67	YRS.		
70.		THPLACE   STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED	1. BALTIMORE CITY C	R COUNTY OF	DEATH	
		Ohio	USA		WIDOWE	DIVORCED [	Ida w			
73/	A.	OR TOWN OF DEATH	11. NAME OF	HOSPITAL, HURSIN	G HOME C	OR OTHER INSTITUTION	12a. USUAL OCCUPAT		26. KIND OF	F BUSINESS
11	J	Mosphill	AI	TVY			Housewi	fe	Hous	sehol
7 US	e. ST	ATE 13b. C	YTAUC	13c. CITY OR TOW		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	9		
2	M		.A. Co.	Severn		YES NOXX	7977 Cit	adel D	r. 21	1144
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	N	S, NO OR UNKNOWN)       FYE		295-07-	6961	Robert S.V	onVleck 1	3304°D		
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	-	224 PHYSICIAN'S NAME (1	YPE OR PRINTI	-14	7:12	PHYSICIAN J	DIRECTOR   PHYSK	IAN []	10/0	10/0/
-		IDIAL CREMATION REMO	Less Same	188	11115 05 5	EMETERY OR CREMATORY	Income			

DHMH - 16 50M 1/BI (VRA 15, 4)

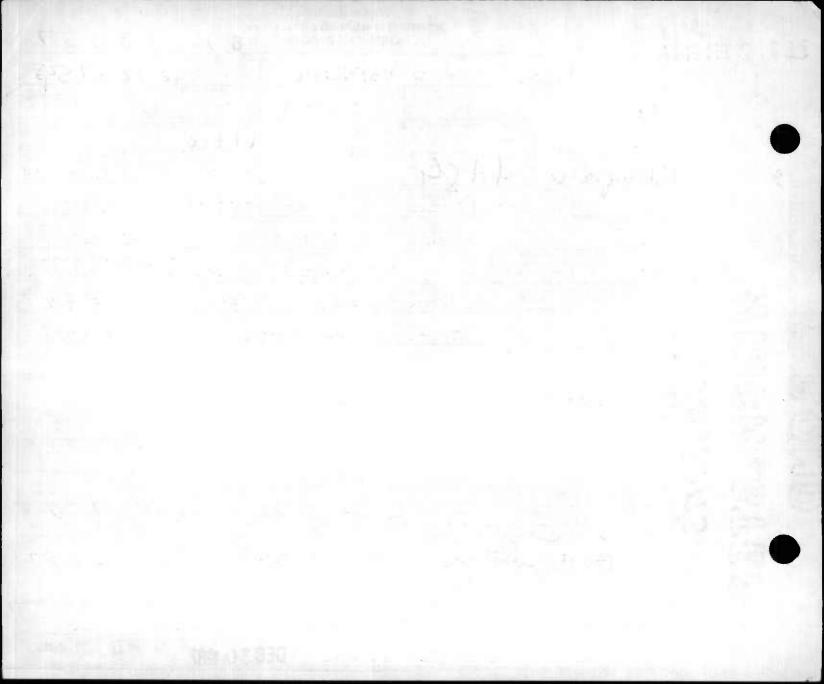
23a. BURIAL, CREMATION, REMOVAL 23b. DATE Cremation 12-24-87

23c NAME OF CEMETERY OR CREMATORY Westview Park

234 LOCATION Baltimore

COUNTY STATE Md.

24 FUNERAL DIRECTOR T.A. Hardesty Annapolis Md.21401



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7 34 90		shington, D.C.	11. NAME OF HOSPITAL, NURS			120 USUAL OCCUPAT	ION	126 KIND O	F BUSINESS C
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1 / 1		No	579364	486	Joseph F.	Walsmith	1		
I G MIT	1	PART I. DEATH WAS CAUSED	y one cause per line for (a) to	ind icit	N	2	4	BETWEEN	MATE INTERVAL ONSET AND DEAT
5 1 7611		IMMEDIATE		TVQI	4c /-	trres	4		
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ECC ow ow	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b IF YES, V	VERE FINDING CAUSES	OF DEATH?
ALR Ion.	E E			-1.04		YES NO	YES	_	NO 🗌
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ATTEND Sspirol o CCTOR. A d for use		saw the deceased alive on obove, (1) (we) (did) (did nat	view the body after death	87,0	nd that in (my) (our) apinian	death accurred on the	date and hour a	nd from the	causes stated
OR A DIRECTOR A DIRECTOR DIRECTOR DEPT.		724 SIGNATURE 11 .		_	DEGREE			22c DATE	SIGNED
the D tree of th		Mullia	- (F. 1/2)	m	ATTENDING PHYSICIAN	MEDICAL STA	ICIANI D	8 4	2008
H 4 4 5 4 7	1	224 PHYSICIAN'S NAME (TYPE OR		~	22e ADDRESS	~			
Sept 18		William	P. Jones,	m.D.	695 H	merica (	1	210	35
56 5613	23a F	BURIAL, CREMATION, REMOVAL	123b DATE 236	NAME OF C	EMETERY OR CREMATORY	234 LOCATION			
BP		SPECIEVI				CITY OR TOWN		COUNTY	STATE BA J
	24 FI	UNERAL DIRECTOR	12/11/87 F		ncoln Cemet	ERV Brent		P.G	Md.
DHMH - 16 60M 7/84 (VRA 15, 4)		rđểsty Funera	al Home, Anna	apolis		U 1 4 1987		corder.	
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STATE OF MARYLAND

Item 14,15. Film u63/ 3-10-88 dw

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DHMH - 16 60M 7/84 (VRA 15, 4)

Rausch Funeral Home Owings Ma

cremation 24 FUNERAL DIRECTOR

12-21-87

Cedar Hill

CITY OR TOWN

Suitland

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE is decider

COUNTY

NOF

FAMO THE RESERVE OF THE PERSON OF T Labora Applicat M. D. Formand Porcelland Comment

Jan 4.

James S. Kirkley, Glen Burnie, MD

MIDDLE

FOR

REGISTRAR I. DECEASED NAME

Burial

24 FUNERAL DIRECTOR

DHMH - 16 50M 1/B1 (VRA 15, 4)

STATE

STATE OF MARYLAND

CERTIFICATE OF DEATH

Annapolis National Cem.

DEPARTMENT OF HEALTH AND MENTAL HY

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Annapolis

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

MD

PARTY TRUE IN THE PROPERTY OF THE PARTY OF T GLEV BURNER (KORTE AKKROM), (10329 DEL 7845 GAUNOUD KOND, SULLE 204 CHARLES JA HO, L.D. L.D. GLES BORGE, MARKINGO, 21351

## STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR MIDDLE 20. DATE OF DEATH DECEASED NAME 26 HOUR TYPE OR PRINTS IF TINDER 24 HRS 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) 3 SEX 70 BIRTHPLACE 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH ESTATE OR FOREIGH MARRIED NEVER MARRIED WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INQUSTRY. (TYPROF WORK FOR MOST OF WORKING LIFE) tomemaker MARYLAND 21201 USUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION 130. STATE GIVE RESIDENCE BEFORE ADMISSIONS 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? 09 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Sowers ran **ADDRESS** BALTIMORE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO sameas pud APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) phys PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) 201 W. PRESTON ST A COMSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost ā PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART To DIVISION OF VITAL RECORDS, CERTIFICATION 0 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED ă IN CERTIFYING CAUSES OF DEATH? YES [ NO F burial-transit p Mental Hygier 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED MJURY IN ITEM 18 PART 1 OR PART 2) ENTER NATURE OF HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 19 211 LOCATION ŏ 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OF TOWN COUNTY STATE STREET AT HOME STREET FACTORY, OFFICE FARM ETC ) rked NOT WHILE 19.81 220.1 certify that (D)(this hospital) attended the deceased from DIRECTOR and that in (a) (our) opinion death occurred on the date and have and from the causes stated sow the deceased alive an above, H (we) (did) (and not view the body after death 276 SIGNATURE 22¢ DATE SIGNED DEGREE MEDICAL ATTENDING STAFF be deto e Stote I FUNERAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22e ADDRESS 774 PHYSICIAN'S NAME THE CEPTIN ld b

23c. NAME OF CEMETERY OR CREMATORY

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BY REGISTRAR 256

DHMH - 16 60M 7/84

BP

(VRA 15, 4)

230 BURIAL CREMATION, REMOVAL

23b. DATE

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Her b	3 SE	-	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN
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51 541 54	73u. 8	MAL CREMATION SEMOVAL	23h DATE/ 23	MANE OF CEMETERY OR CHEMATOR	Y / MOLEOCATION// /	and me
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	1	STATE OF MARYLAND  FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE		
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2000 €	(TY	MAURICE Charles Wilson DEATH MATED   121	171987	10
PLEASE ECTOR. R FILES. HOURS STREET,	3. SE	X 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 24. DATE MONTH	DAY YEAR	2d HOUR
ON STATE		111 CAN 9 12 06 81 YRS. DEAD 121	17 1987	1400
THE REAL PROPERTY.	Ja. B	SIRTHPLACE (STATE OR OF WHAT COUNTRY? & MARRIED   NEVER MARRIED   9 BALTIMORE CITY OR COUNTRY	OF DEATH	
A PROPERTY OF	1	MARYLAND USA, WIDOWED & DIVORCED [] /T/	White of h	MD
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ATE, TA ATE, V ORW, ORW, TE STA		22a   Certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry . and in my apini	ian	
EXAMINER: CERTIFICATE JUD BE FOR DIRECTOR: WARYLAND:		death resulted from: Natural causes . Accident ., Suicide ., Hamicide . Undetermined manner .		
A WILD SER		ACTUAL / // DATE	1-11	2/17
DICAL THE THE A SHOULD NEEZIL MORE, A	1	SIGNATURE MEDICAL EXAMINER SIGNED.	10/1	121
n - 4 x a s	7	EXAMINER'S NAME WILLIAM P. JONES ADDRESS 695 AMERICA (	of 5	11035
TO FULL ME	23a B	BURIAL, CREMATION, REMOVAL 23b. DATE 23c, NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY OF TOWN COUNTY		
07/84 BP	1	Durial Dec. 1987 St. Hone's Honeshis H.	t m	0
25M DHMH - 17	24 5	PUNERAL DIRECTOR  ADDRESS  ADDRESS  250. DATE REC D BY REGISTRAR 255. REGISTRAR'S SIGNAM ADDRESS	NATURE Y	andres
(VR A15 ME (5))	170	aylor tuneral Chapel-Annapolis MD		
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Pasadena. MD

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## STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH 9 ATREGISTRAR DECEASED NAME (TYPE OR PRINT) Dec. 5.1987 Vroten 5. DATE OF BIRTH 3. SEX & AGE TIN YEARS LAST BIRTHDAYL IF UNDER I YEAR IF UNDER 24 HRS May 13, 1903 Male White TO BIRTHPLACE ISTATE OF FOREIGN b. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Mary land Annapolis, A.A.Co. WIDOWEDKK DIVORCED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Tavern Owne Annapolis Anne Arundel Gen. Hosp. 21401 918 Minnow Creek Dr. Annapol: 135 COUNTY 13d INSIDE CITY LIMITS? Maryland A.A.Co. Annapolis 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME George Gotfleb Catherine ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Ionia Schmitt, Same as above 220-44-6055 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOID 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART & OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Mental MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE (AT HOME STREET, FACTORY OFFICE, FARM ETC.) WHILE NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from. \_\_\_\_. that (I) (we) last saw the deceased plive an. \_\_\_\_, and that in (my) (our) apinion death accurred an the date and hour and fram the causes stated above, (1) (we) (did) (did nat) view the bady after death O FUNERAL DIRECT hould be detached for the State Dept. of DIRECT DEGREE 22c DATE SIGNED MD ATTENDING MEDICAL STAFF PHYSICIAN M DIRECTOR PHYSICIAN MPORTANT 42d. PHYSICIAN'S NAME LITYPE OF PRINTS 22e ADDRESS LOWIZER 300 S. HANOVER 230 BURIAL, CREMATION, REMOVAL 231 NAME OF CEMETERY OR CREMATORY 23d LOCATION Cemt. to. 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNA 24 FUNERAL DIRECTOR Balto Md. 21230ss DHMH - 16 60M 7/84 (VRA 15, 4)

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DHMH - 16 60M 7/84 (VRA 15, 4)

75482 DEC 18

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	,		STATE OF	MARYLAND			
1.	FOR STATE	DEPART	MENT OF HEALT	H AND MENTAL HYGI	ENE		
<b>87</b>	REGISTRAR		CERTIFICAT	TE OF DEATH	B REG. NO	3 3 8	6 6
	CEASED NAME FIRST	MIDDLE	LAST			MONTH DAY YEAR	25 HOUR
TYPE	MAR.	THA Goldst	ein W	ATT	-1	2 14 87	83°PM
3. SE	×	1. RACE	5. DATE OF BIR	TH	6. AGE EIN YEARS LAST BIRT	MONTHS DAYS	IF UNDER 24 HRS
. !	-EMAL	WHITE	JULY	21 1939	48	YRS.	HOURS MIN.
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10/C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI		HER INSTITUTION	120 USUAL OCCUPATION		OF BUSINESS OR
H	unapolis	(IF NOT IN SUCH IS CHAY, GIVE STREET	ZZIN	St.	HHOEUE	F WORKING LIFE   INDUSTRY	7W
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14. FA	THER'S NAME FIRST	" Gohostein	15. A	EREDA	WIDDIE	MOES	ST
		RMED FORCES? 16b. SOCIAL SECU	JRITY NO. 17 II	NFORMANT	ADDRE	ss 1. ath at	13
	100 -	- 1113 30	107516	NOBEDI	HLCOHM U	DYHIT 44	13
	PART I. DEATH WAS CAUSE	nly one couse per line for (0), (b), or ED BY: TE CAUSE (0) CAUCE		= Br	EAST	BETWEEN	ONSET AND DEATH
		DUE TO, OR AS A CONSEQU	ENCE OF				
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	couse (a), stating the underlying couse lost						
z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT	RELATED TO THE TERMI	NAL DISEASE OR CON	DITION GIVEN IN PART TO	0
CERTIFICATION							
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E .					YES NOW	YES	NO 🗆
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AL	OR CONTRIBUTING CAUSE OF DE	AIR	AY YEAR				
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	Stanly	1 Waltins	1	ATTENDING PHYSICIAN	MEDICAL STAF	F	5/8)
	220 PHYSICIAN'S NAME (TYPE	OR PRINT)	22e.	ADDRESS	1 . 1	Λ (	11-
000	Sel.	WATKINS	> 5	I FRANK	him St.	HUNAPOL	is MD.
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## STATE OF MARYLAND

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12	CALL COMPANY		STATE REGISTRAR	ME	DICAL EXAMIN	ER'S C	ERTIFICATE O	F DEATH	REG TO T	2 0 4	4
76	1. O E DEC	I DEC	EASED NAME FIRST		WIDDIĘ	-	AST	20 DATE		TH DAY TEAR	To HOUR
1 0	NECESSARY, PLEASE-17- UNERAL DIRECTOR. C. ST-FOR YOUR FILES. WITHIN 72 HOURSC. C. RESTON STREET,	JU	CH.	ARLES	A.L.	YOU	WGBAR, Sr.	OF DEATH	MATED 12	2-23-87	
	TREE CHANGE	3 SEX	4 RACE	5 DATE OF BIRTH	6 AGE IN YEA	ARS IF UND	DER 1 YR. IF UNDER		MON	TH DAY YEAR	2d HOU
	NS H	M:	ale White		YEAR LAST BIRTHDA	7110141114	DAYS HOURS	MIN PRONOUN DEAD	CED 12	2-23-87 1	12:41
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_	F ANY DEL RETAIN P RECORDS.		L RESIDENCE (IF IN NURSING HOME	OR OTHER ASTITUTION GIV	E RESIDENCE BEFORE ADMISSIO	ON)	232.3			Jan Del	00.
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EST	A STAN		Canditions, if any, which		AS A CONSEQUENCE (	75					
4	WITH RAP		gove rise to immediate cause (a) stating the under	(b)							- 1/2
2	N PEL Y		lying cause lost.	DUE TO, OR	AS A CONSEQUENCE C	)F					
5, 2	NO NEW TOOL		SAST S ATRES CICALIFICANT CONDITIONS	(c)							
RECORDS	UID BE EXECUTED "PENDING" IN PR EF MEDICAL EXA SED AS A BURIAL- HEALTH AND ME AL, CREMATION, (	N N	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	NOT WOLLKELATED TO THE TERM	MAL DISEASE	OX CONDITION GIVEN IN PAR	JI 1 'a			46
	MEALTH CREAT	CERTIFICATION	19a DATE OF OPERATION	19b. CONDIT	ION FOR WHICH OPER	ATION WA	AS PERFORMED?			20 AUTOPSY	(?
IA	58 H 20 58	F	West of the							YES IX	NO [
7	WORD WORD WORD BE CHILL WORD BE US	8	216 EXTERNAL CAUSE WAS	216 TIME OF		21c. HO	W INJURY OCCURRE	D SENTER NATURE OF INJ	URY IN ITEM 18 PART I C		
DIVISION OF VITAL	S CERTIFICATE SHOULD RITING THE WORD "PER POBED TO THE CHIEF M RE 3 SHOULD BE USED A E DEPARTMENT OF HEA OF PRIOR TO BURIAL, C		UNDERLYING OR CONTRIBUTING CAUSE OF		MONTH DAY YEAR	7 13					
ISIC	ERTING ING	MEDICAL	21d INJURY OCCURRED	21e PLACE C	FINJURY (ATHOME,	21f. LOC		= 115 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		T 15 15 15	
ā	VRIT VRIT VRDI GE 201 201	X	WHILE NOT WHILE	STREET, FACTO	ORY, FARM, ETC.)	511	REET	CITY OR TOV	VN	COUNTY	STATE
	E, WRITE RWARD PAGE: STATE DO 1, 21201						Inspection				707
	A A S S E A		22a I certify that I took char			Autopsy				ly opinion	
	AMM RTIF REC MITH RYL		death resulted fram: Natu	ral causes X.	Accident, Sui	icide,	Hamicide	Undetermined ma	nner		
	A A SOLD CONTRACTOR		ACTUAL MAN	Uhrte	has 96. 1		Assista	nt <sub>MEDICAL EXAM</sub>	D/	ATE 12-24-8	87
	ZER SER	0	SIGNATURE	1	thether			MEDICAL EX AM	INER SK	GNED	,
	MED CUTE FUN TIMO		EXAMINER'S NAME	Margarita	A. Korell,	AD.		111 Penn S	Stroot		1
	TO MEDICAL EXAMINER: 1 EXECUTE THE CERTIFICATE, BOCE 4 SHOULD BE FORV TO FUNERAL DIRECTOR, P AFTER DEATH, WITH THE SI BALTIMORE, MARYLAND, 3	73a BI	(TYPE OR PRINT)		1231 NAME OF CEA			123d LOCATION	JULCEL		
		(5	Burial	Dec. 28. '8				CITY OR TOWN			TATE ,
07/84 25M	BP	24. FL	INERAL DIRECTOR					Baltimor REC'D. BY REGISTRAI			MD
	DHMH - 17 (VR A15 ME (5))		NAME		Mountain R		UEC	2 0 1007	Lelin Barr		L
	(44 MID WATE (2))	110	Cully Funeral H	omes Pasac	iena. MD 2	1122	V	U 3 301	14		ā

